

Exhibit 3 (Part 4)

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Biokinetics LLC
Functional Capacity Evaluation

Van Deventer
January 7, 2010
Claim #: WWID#27785



Biokinetics
Functional Capacity Evaluations
Occupational Health Services

Functional Capacity Evaluation

Examinee: Ralph Van Deventer, Jr
Employer: Johnson & Johnson
Occupation: Any occupation

Evaluation Site: Middletown, NJ
Evaluator: Charles Filippone, PT, DCS, CAE
Quin Bond, BS

Case Manager: Dr. Richard Stopek

Insurance Administrator Address: 123 N.W. 13th St.
Suite 207
Boca Raton, FL 33432

Case Number: FCE 2851

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Results

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Case History

Date of Incident: 8-Sep-08
Examinee Age: 45 years
Examinee Ht./Wt.: 72 in./215 lbs.
Body Mass Index: 29.2

Diagnosis: Degenerative Disc Disease

Incident History

This is the second functional capacity evaluation for the examinee, who was previously tested in July, 2009. At the time, he reported that he had been experiencing problems with his lower back for a period exceeding 10 years. He sought medical attention for his lower back in September, 2008 and was placed on short-term disability. He returned to work in March, 2009 but went on long-term disability due to continued lower back complaints in addition to pain complaints in his cervical spine. He has recently received facet blocks for the lumbar spine and has been undergoing a lumbar stabilization program.

Relevant Medical History

The examinee reports that there are no changes to his medical history since his July, 2009 evaluation. At the time, he had reported a previous injury to his left ankle in February, 2009, a surgical repair of his right meniscus in 2005, and an injury to his lower back while working as an EMT for NATO in the Alps.

Current Complaints

The examinee reports that he still experiences constant pain in his lower back that he rates as 6/10, increasing to 8/10. He states that bending, twisting, coughing, sneezing, and prolonged sitting provoke his pain. He states that walking feels better than it did, however prolonged walking irritates his Achilles tendon. He states that his cervical pain is better and that he has greater range of motion of the cervical spine, and his cervical pain is now a dull ache.

| Medication | Route | Dosage | Indication | Taken Today |
|------------|-------|--------------|-------------------|-------------|
| Clonazepam | po | not reported | Depression | Yes |
| Effexor | po | not reported | Depression | Yes |
| Lexapro | po | not reported | Depression | Yes |
| Ibuprofen | po | not reported | Pain/Inflammation | Yes |

Previous labs and studies:
X-rays, MRI, CAT scan

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Job Description and Essential Job Demands

Job Title Any occupation
D.O.T. #

Provided by: DOT
Work Level Category: Sedentary

Job Description and Task Notes

The examinee is being tested to determine whether his physical and postural abilities meet the essential demands for sedentary work as defined by the Dictionary of Occupational Titles.

Job description is based on DOT description for this occupational title

Physical Capacity Requirements

| | D.O.T. Sedentary | Employer N/A |
|-----------------------------------|---------------------|-----------------|
| Constant Lift/Force Requirement | - | (67-100%) |
| Frequent Lift/Force Requirement | - | (34-66%) |
| Occasional Lift/Force Requirement | 10 | (1-33%) |

Essential Job Demands

| | Not Required | Occasional | Frequent | Constant |
|----------------------|--------------|------------|----------|----------|
| Standing | | X | | |
| Sitting | | | | X |
| Walking | | X | | |
| Driving | X | | | |
| Climbing | X | | | |
| Balance | X | | | |
| Bending/Stooping | | X | | |
| Kneeling | | X | | |
| Crouching | | X | | |
| Crawling | X | | | |
| Push/Pull | | X | | |
| Squatting | | X | | |
| Reach Above Shoulder | | X | | |
| Reach Immediate | | | X | |
| Gripping | | | X | |

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Upper Extremity Strength Evaluation

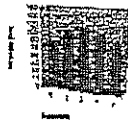
Five Position Grip Strength Test

Grip strength testing was performed using a Jamar dynamometer in each of the five handle positions, starting with position 1 (the narrowest setting) and proceeding to position 5 (the widest setting). Position 2 is considered the standard setting, for which there are published population strength norms based on age and gender.

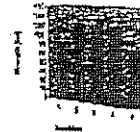
The examinee was instructed to grip the dynamometer in each position as strongly as possible, alternating between the left and right hands. A single grip with each hand was performed at positions 1, 3, 4 and 5. At position 2, the examinee was asked to repeat the grip three times, again alternating between hands, so that a coefficient of variance (CoV) could be computed as a measure of consistency. CoV values below 15% indicate consistent performance. Grip strength values are reported in pounds.

Results of the Five-Position test are reported in a bar graph format for each hand. The measured strength values for the five positions should show a "bell curve" shape, with the highest values occurring at positions 2 and 3. Graphs that show a flat response over the five positions, or that do not show a distinct peak at position 2 or 3, are suggestive of a submaximal or managed effort by the examinee.

Grip Strength (Left Hand)



Grip Strength (Right Hand)



Rapid Exchange Grip Test

The Rapid Exchange Grip Test (REG) was performed with the Jamar set to Position 2. In this test the examinee was asked to grip and release the handle rapidly (less than one second), rather than maintain a sustained grip to maximal strength as performed in the five-position test. The Jamar was exchanged between hands in a rapid manner after each grip (one to two seconds) and this continued until the examinee completed a total of six grips with each hand.

REG strength is expected to be less than or equal to the standard grip strength. Published research suggests that when REG strength is 105% or more of standard strength (a positive REG result), the examinee has given a submaximal or managed effort during the standard grip. A summary of position 2 strength results are shown below.

| Hand | Grip Strength (3 trial average) | Age/Gender Strength Range | CoV (3 trials) | REG Strength | Positive REG |
|--------|------------------------------------|------------------------------|-------------------|-----------------|-----------------|
| Left | 113.3 lbs. | 84.9 to 120 lbs. | 9.2 % | 115.8 lbs. | No |
| Right* | 123.3 lbs. | 95.5 to 131.7 lbs. | 4.7 % | 123.3 lbs. | No |

* Denotes dominant hand

Comments:

The examinee's grip strength, bilaterally, is appropriate when compared to age and gender matched normative data and meets the essential demands of any sedentary occupation.

References:

Hathiwala V et al. Grip and Pinch Strength: Normative Data for Adults. Arch Phys Med Rehabilitation 66,59-72, 1985.

Ashton L and S Myers. Serial Grip Strength Testing - It's Role in Assessment of Motor and Hand Disabilities. The Internet Journal of Surgery 5:2, 2004

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Non-Organic Pain Signs

Positive findings for the following signs may indicate a non-organic source of pain. The presence of three or more positive findings is of clinical significance, but these findings need to be correlated with medical history and performance on the testing protocol. Signs marked as Not Applicable are only significant for diagnoses involving low back pain.

Superficial (skin roll) Tenderness Not Present

How does the examinee respond to light touch? Is the response excessive?

Non-anatomic Pain Not Present

Best recognized with a pain drawing. Does the the examinee place pain outside of the body? Is pain consistent with diagnosis or is pain unusually described?

Axial loading that increases pain Not Present

Is there an exacerbation of pain with light pressure on the head?

Rotation to 30 degrees that increases pain Not Present

Does rotation of the cervical/thoracic spine while standing generate a painful response?

Lasague's Test (Distracted SLR) Not Present

Does examinee lack pain when put in long sit position while presenting with pain during supine SLR?

Giveaway Weakness Not Present

During manual muscle testing, contraction should be consistent. If weakness is present, a slow give will occur. If ratcheting occurs, the examinee is demonstrating a voluntary release.

Non-radicular sensory changes Not Present

Does pain follow the dermatome distribution of the involved nerve root? Pain radiating in multiple dermatomes or pain causing headache, upper back pain, and/or upper extremity pain is non-radicular.

Over-reaction Not Present

Does examinee demonstrate extreme facial reactions, flinching, pulling away, or excessive postural changes that are inconsistent with location of injury or medical history?

Comments:

The examinee presents with no positive signs for non-organic pain. Of note, at the examinee's last evaluation he presented with positive signs for rotation to 30 degrees, distracted straight leg raise, giveaway weakness, and over-reaction.

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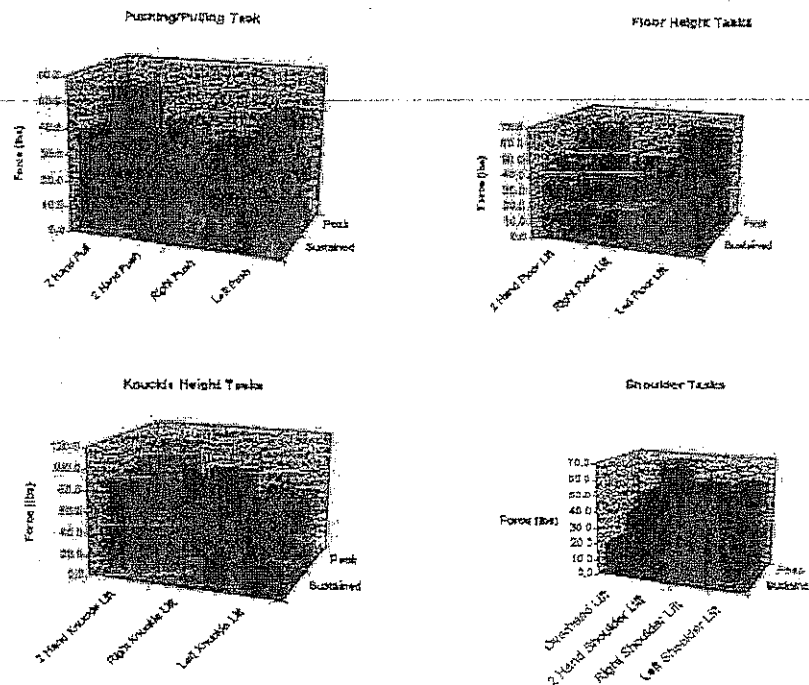
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Whole Body Strength Evaluation

Whole body strength applies to the general activities of lifting, pushing and pulling where the task is performed using the entire body rather than an isolated joint or muscle group. Whole body strength is measured by having the examinee perform a series of isometric lifting, pushing and pulling tasks while standing on a force platform. Because an isometric exertion is in dynamic balance (the subject does not move), the total force that the examinee applies during lifting, pushing or pulling is translated through the body and is measured as an equal and opposite force at the feet. The force platform accurately records this force (examinee strength) over the five second duration of the activity.

For this evaluation, the examinee was instructed to grasp the handle (for lift, push or pull), to build to his or her maximum strength and to hold that level until the signal to relax was given. In order to assess sustainable strength, the examinee's strength level was reported as the average force exerted over the last three seconds of the activity (first two seconds are provided to safely build to a maximum level). The peak strength during the activity was also recorded, and compared to the sustained strength to provide an indication of consistency of effort. Strength results are reported in pounds.

To assess reliability of effort, each strength activity was repeated three times with appropriate rest intervals between exertions. The order of individual tasks was varied so that the examinee did not perform the same task consecutively.



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Whole Body Strength Evaluation

The results reported below show the average sustained and peak strength values for the three trials of each task, as well as the coefficient of variance (CoV) for sustained efforts. CoV values below 15% indicate reliable performance. The sustained percentage of peak describes the relationship between sustained and peak efforts. Values in the range of 80% to 90% are normal for healthy workers.

| Task | Sustained | Sus. CoV | Peak | Sustained to Peak % |
|-----------------------|-----------|----------|-------|---------------------|
| ▶ 2 Hand Pull | 38.4 | 33.5 | 50.7 | 75.6 |
| ▶ 2 Hand Push | 17.7 | 26.6 | 35.7 | 49.5 |
| ▶ Right Push | 15.0 | 43.7 | 29.8 | 50.2 |
| ▶ Left Push | 32.8 | 17.7 | 44.0 | 74.5 |
| ▶ 2 Hand Floor Lift | 45.8 | 16.8 | 59.3 | 77.2 |
| ▶ Right Floor Lift | 27.7 | 28.3 | 37.9 | 73.0 |
| ▶ Left Floor Lift | 46.4 | 10.7 | 61.4 | 75.5 |
| ▶ 2 Hand Knuckle Lift | 85.3 | 20.8 | 104.7 | 81.5 |
| ▶ Right Knuckle Lift | 64.4 | 21.6 | 78.6 | 82.0 |
| ▶ Left Knuckle Lift | 54.6 | 12.3 | 63.3 | 86.3 |
| Arm Lift | 49.8 | 6.4 | 63.0 | 79.1 |
| 2 Hand Shoulder Lift | 52.0 | 7.2 | 67.1 | 77.5 |
| Right Shoulder Lift | 42.0 | 13.6 | 53.4 | 78.7 |
| Left Shoulder Lift | 45.8 | 6.3 | 55.7 | 82.1 |
| Overhead Lift | 18.7 | 3.3 | 29.7 | 63.0 |

▶ - denotes high CoV; † - denotes task not performed

Horizontal Displacement Tests

| | Sustained | Positive Horizontal Displacement |
|----------|-----------|----------------------------------|
| Knuckle | 22.5 | No |
| Arm | 18.2 | No |
| Shoulder | 16.2 | No |

The Horizontal Displacement Test is only considered positive for self-limiting behavior when at least 2 out of the 3 tasks are positive.

Comments

The examinee demonstrated a high CoV (greater than 15%) in 8 of 15 completed whole body strength tasks. Of note, during the examinee's July, 2009 evaluation he did not perform the floor height task as at the time he stated that he could not attain the requested position. In addition, the examinee demonstrates greater strength during this evaluation in the majority of tasks than he did during the July, 2009 evaluation.

References

"Horizontal Strength Changes: An Ergonomic Measure for Determining Validity of Effort in Impairment Evaluations", Journal of Disability, Volume 3, Numbers 1-4, July, 1993

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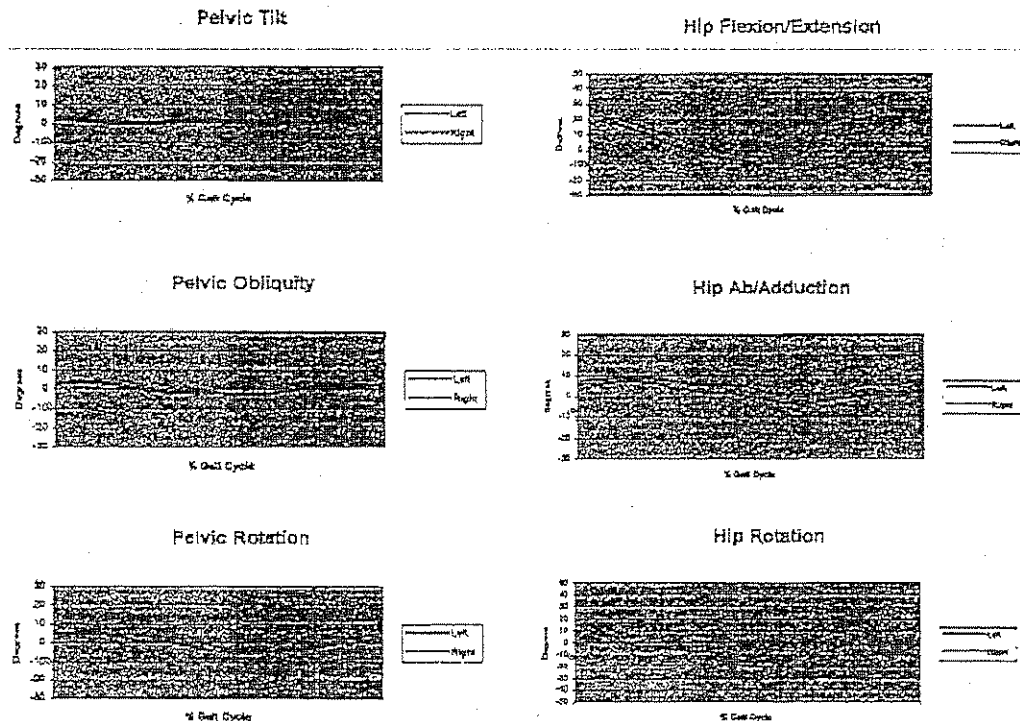
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Gait - Kinematic Results

A whole body gait evaluation was performed using a six-camera Vicon 3D Motion Capture System. The examinee was prepared by attaching small (14-25 mm) retro-reflective markers to key body landmarks. The Vicon system is designed to capture the precise movement of these markers, and to reconstruct the body joint and segment motion of the subject from marker data using the well-established Plug-in Gait Model. After verification of calibration and marker identification, the examinee was instructed to walk at a normal, self-selected pace along a level walkway approximately 25 feet in length. The Vicon system captured movement over the mid portion of this excursion (15 feet), to allow the examinee time to reach a constant pace. Walking was performed barefoot.

A Kistler force platform, embedded in the center of the walkway, was used to measure the examinee's foot contact force simultaneously with the capture of motion data. Force data was analyzed in conjunction with motion data to evaluate dynamic properties of gait. The examinee was asked to perform repeated excursions along the walkway to assess reliability of performance and to demonstrate that walking activity could be sustained for a minimum distance of 250 feet during a ten

The examinee's gait kinematics (body joint and segment movement patterns) are shown below. Graphs report the average right and left lower extremity values for three representative gait trials, and data is normalized to a full gait cycle - the interval from heel strike (0%) to the next heel strike of the same foot (100%). A table of temporal-spatial measurements is also included to compare the examinee's gait metrics to age and gender matched population norms.



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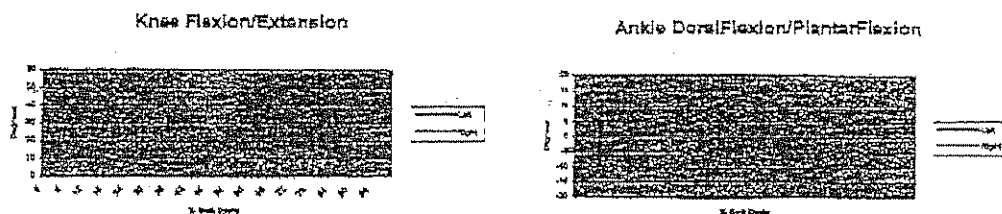
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Temporal-Spatial Results

| | No Distraction | Normal | Distracted |
|-----------------------|----------------|--------|------------|
| Velocity (meters/sec) | 0.72 | 1.37 | 0.64 |
| Cadence (steps/min) | 88 | 110 | 85 |

| | No Distraction | | Distracted | |
|------------------------|----------------|-------|------------|-------|
| | Left | Right | Left | Right |
| Swing (%GC) | 37.7 | 33.1 | 40 | 30.1 |
| Stance (%GC) | 62.3 | 66.9 | 60 | 69.9 |
| Single Support (%GC) | 32.1 | 36.8 | 40 | 30.5 |
| Double Support (%GC) | 29.1 | 30.1 | 25 | 34.0 |
| Stride Length (meters) | 1.0 | 1.0 | 1.4 | 0.9 |

Gait Comments

The examinee's gait velocity is significantly decreased when compared to age and gender matched normative data, secondary to his significantly decreased, self-selected cadence. Stride length is unremarkable. The examinee demonstrates decreased left stance and single limb support when compared with right stance and single limb support. Double limb support is prolonged bilaterally.

Other than a temporal asymmetry, the examinee's gait kinematics are unremarkable and do not demonstrate any compensatory strategies to avoid painful loading.

While the examinee's demonstrated gait velocity is significantly decreased, secondary to his significantly decreased, self-selected cadence, his demonstrated ability to ambulate meets the essential demands of any sedentary occupation.

References

Kinematic and temporal-spatial values are compared against the normative data values presented in "Gait Analysis: Normal and Pathological Function", edited by Jacqueline Perry, MD, PhD.

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Balance Evaluation

There are four separate tasks that comprise the balance component of the testing. The first task requires the examinee to stand still on a force plate with his/her eyes open for a period of 60 seconds. The second task is similar to the first, with the eyes being closed for 60 seconds of quiet standing. The third and fourth tasks consist of standing solely on the right and left legs respectively. These single leg tasks are recorded for 5 seconds, but three trials are recorded to establish a coefficient of variance to determine the reliability of the examinee's performance of the task.

The results, below, report the Path of the center of pressure (CoP or balance point) as a net movement in centimeters, as well as the anterior/posterior (AP) and medial/lateral (ML) excursion of the CoP. Average velocity of the movement of the CoP describes the examinee's ability to control their balance.

| Eyes Open/Eyes Closed Balance | | | | |
|-------------------------------|----------|--------|--------|---------------|
| Task | Path | AP | ML | Avg. Velocity |
| Eyes Open | 56.3 cm | 2.6 cm | 3.6 cm | 0.9 cm/s |
| Eyes Closed | 103.9 cm | 3.6 cm | 3.8 cm | 1.7 cm/s |

| Unilateral Balance | | | | |
|--------------------|---------|--------|--------|--------|
| Task | Path | CoV | AP | ML |
| Right Leg | 20.2 cm | 19.3 % | 1.8 cm | 2.8 cm |
| Left Leg | 16.7 cm | 12.4 % | 2.3 cm | 1.9 cm |

Comments

The examinee demonstrates a greater CoP path during the eyes closed task (103.9 cm) when compared to the eyes open task (56.3 cm), however the examinee's average velocity during each task is within normal limits (less than 2.0 cm/sec). The examinee's unilateral balance is unremarkable. The examinee's demonstrated ability to balance meets the essential demands of any sedentary occupation.

References

"The assessment of body sway and the choice of the stability parameter(s)." *Gait and Posture*, Volume 21 (1), pp48-58, January 2005.

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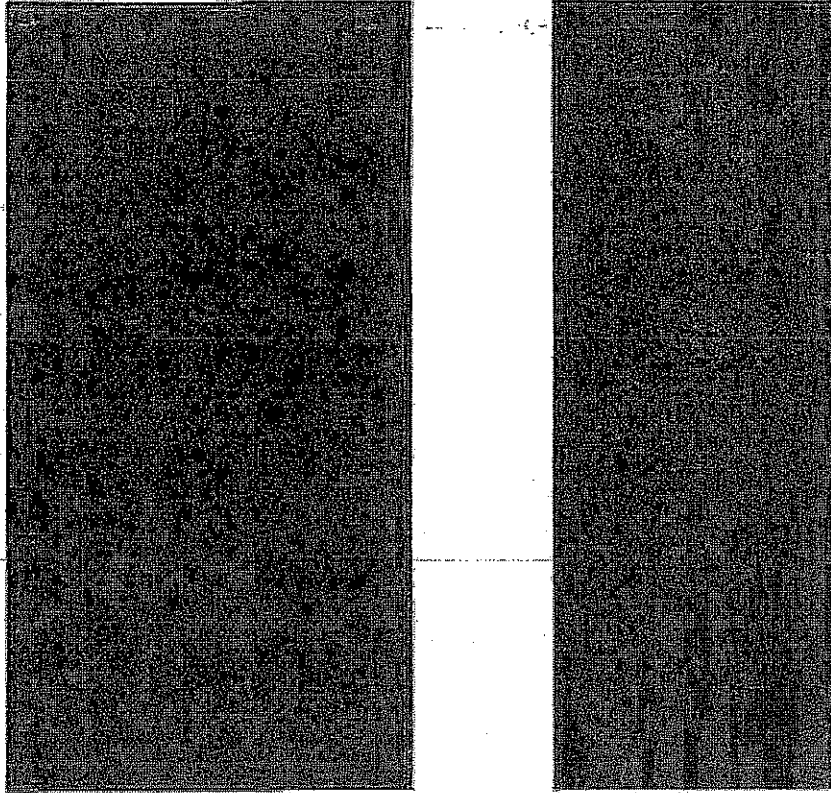
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Physical Evaluation
Posture



Postural Observations

The examinee presents with a significant forward head posture, increased lordosis, significant swayback, and significant bilateral pronation.

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Physical Examination
Range of Motion Assessment

All measurements are passive ROM. When active ROM is recorded, these values are indicated in the comment box.

| Cervical | Normal | Result | Comments |
|--------------------|--------|--------|--------------------------------------|
| Flexion | 60 | WNL | |
| Extension | 60 | 35 | Consistent with forward head posture |
| Lateral Flexion Rt | 45 | 40 | |
| Lateral Flexion Lt | 45 | 40 | |
| Rotation Rt | 80 | 60 | |
| Rotation Lt | 80 | WNL | |

| Shoulder | Normals | Result | Comments |
|--------------|---------|--------|----------|
| Flexion Rt | 180 | WNL | |
| Flexion Lt | 180 | WNL | |
| Extension Rt | 50 | WNL | |
| Extension Lt | 50 | WNL | |
| Abduction Rt | 180 | WNL | |
| Abduction Lt | 180 | WNL | |
| Int. Rot. Rt | 90 | WNL | |
| Int. Rot. Lt | 90 | WNL | |
| Ext. Rot. Rt | 90 | WNL | |
| Ext. Rot. Lt | 90 | WNL | |

| Elbow | Normals | Result | Comments |
|---------------|---------|--------|----------|
| Flexion Rt | 140 | WNL | |
| Flexion Lt | 140 | WNL | |
| Extension Rt | 0 | WNL | |
| Extension Lt | 0 | WNL | |
| Supination Rt | 80 | WNL | |
| Supination Lt | 80 | WNL | |
| Pronation Rt | 80 | WNL | |
| Pronation Lt | 80 | WNL | |

| Wrist | Normals | Result | Comments |
|-------------------|---------|--------|----------|
| Flexion Rt | 60 | WNL | |
| Flexion Lt | 60 | WNL | |
| Extension Rt | 60 | WNL | |
| Extension Lt | 60 | WNL | |
| Ulnar Flexion Rt | 30 | WNL | |
| Ulnar Flexion Lt | 30 | WNL | |
| Radial Flexion Rt | 20 | WNL | |
| Radial Flexion Lt | 20 | WNL | |

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Physical Examination

| Lumbar | Normals | Result | Comments |
|-------------|---------|--------|----------|
| Flexion | 60 | WNL | |
| Extension | 25 | WNL | |
| Lat Flex Rt | 25 | WNL | |
| Lat Flex Lt | 25 | WNL | |

| Hip | Normals | Result | Comments |
|--------------|---------|--------|----------|
| Flexion Rt | 100 | WNL | |
| Flexion Lt | 100 | WNL | |
| Extension Rt | 30 | WNL | |
| Extension Lt | 30 | WNL | |
| Abduction Rt | 40 | WNL | |
| Abduction Lt | 40 | WNL | |
| Adduction Rt | 20 | WNL | |
| Adduction Lt | 20 | WNL | |
| Int. Rot. Rt | 40 | WNL | |
| Int. Rot. Lt | 40 | WNL | |
| Ext. Rot. Rt | 50 | WNL | |
| Ext. Rot. Lt | 50 | WNL | |
| SLR Rt | 70 | WNL | |
| SLR Lt | 70 | WNL | |

| Knee | Normals | Result | Comments |
|--------------|---------|--------|----------|
| Flexion Rt | 150 | WNL | |
| Flexion Lt | 150 | WNL | |
| Extension Rt | 0 | WNL | |
| Extension Lt | 0 | WNL | |

| Ankle | Normals | Result | Comments |
|-------------------|---------|--------|----------|
| Plantarflexion Rt | 40 | WNL | |
| Plantarflexion Lt | 40 | WNL | |
| Dorsiflexion Rt | 20 | WNL | |
| Dorsiflexion Lt | 20 | WNL | |
| Inversion Rt | 20 | WNL | |
| Inversion Lt | 20 | WNL | |
| Eversion Rt | 10 | WNL | |
| Eversion Lt | 10 | WNL | |

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Physical Examination
Muscle Strength

| Muscle Group | Examinee | Max Value | Comments |
|--------------------------|----------|-----------|----------|
| Lats Rt | 5 | 5 | |
| Lats Lt | 5 | 5 | |
| Shoulder Extension Rt | 5 | 5 | |
| Shoulder Extension Lt | 5 | 5 | |
| Shoulder Flexion Rt | 5 | 5 | |
| Shoulder Flexion Lt | 5 | 5 | |
| Shoulder Abduction Rt | 5 | 5 | |
| Shoulder Abduction Lt | 5 | 5 | |
| Shoulder Int/Ext Rot. Rt | 5 | 5 | |
| Shoulder Int/Ext Rot. Lt | 5 | 5 | |
| Biceps Rt | 5 | 5 | |
| Biceps Lt | 5 | 5 | |
| Triceps Rt | 5 | 5 | |
| Triceps Lt | 5 | 5 | |
| Wrist Ext/Flex Rt | 5 | 5 | |
| Wrist Ext/Flex Lt | 5 | 5 | |
| Hip Flexors Rt | 5 | 5 | |
| Hip Flexors Lt | 5 | 5 | |
| Knee Flexion Rt | 5 | 5 | |
| Knee Flexion Lt | 5 | 5 | |
| Hip Int/Ext Rt | 5 | 5 | |
| Hip Int/Ext Lt | 5 | 5 | |
| Knee Extension Rt | 5 | 5 | |
| Knee Extension Lt | 5 | 5 | |
| Plantarflexion Rt | 5 | 5 | |
| Plantarflexion Lt | 5 | 5 | |
| Dorsiflexion Rt | 5 | 5 | |
| Dorsiflexion Lt | 5 | 5 | |
| Inversion Rt | 5 | 5 | |
| Inversion Lt | 5 | 5 | |
| Eversion Rt | 5 | 5 | |
| Eversion Lt | 5 | 5 | |
| Great Toe Ext Rt | 5 | 5 | |
| Great Toe Ext Lt | 5 | 5 | |

Physical Exam - ROM and Manual Muscle Testing comments:

Manual muscle testing of the examinee's upper and lower extremities is unremarkable. He demonstrates decreased range of motion of the cervical spine in extension, consistent with his significant forward head posture. The remainder of his physical examination is unremarkable.

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BIOKINETICS

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Biokinetics LLC
Functional Capacity Evaluation

Van Deventer
January 7, 2010
Claim #: WWID#27785

Evaluation Summary and Conclusions

The examinee's test results are compared against the job demands for sedentary work as defined by the Dictionary of Occupational Titles. Additionally, the effort of the examinee is evaluated based on the different phases of testing (Physical Exam, Grip Strength, Whole Body Strength, etc.). The examinee's performance during the Whole Body Strength tasks is compared to the Physical Capacity Demands that pertain to the examinee's job description.

Physical Examination Comments:

The examinee demonstrates decreased range of motion of the cervical spine in extension, consistent with his significant forward head posture. The remainder of his physical examination is unremarkable.

Reliability of Effort

Several measures are used to evaluate examinee effort. Grip strength effort can be assessed through shape of the grip strength curve, CoV of strength at position 2, and the Rapid Exchange Grip Test. Effort during Whole Body Strength tasks, gait, and balance can be assessed through CoV. Effort during the Physical Exam is determined by responses to testing demands.

| | Consistent | Inconsistent |
|---------------------|------------|--------------|
| Grip Strength | X | |
| Non-Organic | X | |
| Whole Body Strength | | X |
| Gait | X | |
| Balance | X | |
| Physical Exam | X | |

Comments:

The examinee demonstrated a consistent effort during 4 of 6 components of this evaluation. He demonstrated a high CoV in 8 of 15 whole body strength tasks performed and a self-limited performance during gait testing. His overall performance is an accurate portrayal of his maximum physical abilities, while his performance during whole body strength testing and gait testing is not.

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BIOKINETICS

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Biokinetics LLC
Functional Capacity Evaluation

Van Deventer
January 7, 2010
Claim #: WWID#27785

Conclusions Continued

Comparison of examinee performance to physical capacity demands

Sedentary

| | | |
|---------------------------------------|-----------|----|
| Constant Lift/Force Requirement | (87-100%) | - |
| Frequent Lift/Force Requirement | (36-66%) | - |
| Occasional Max Lift/Force Requirement | (1-33%) | 10 |

| | Constant | | Frequent | | Occasional | |
|---------------------|----------|----------|----------|----------|------------|----------|
| | Demand | Examinee | Demand | Examinee | Demand | Examinee |
| Bilateral Pull | - | 7.7 | - | 19.2 | 10.0 | 38.4 |
| Bilateral Push | - | 9.6 | - | 8.8 | 10.0 | 17.7 |
| Right push | - | 3.0 | - | 7.5 | 5.0 | 15.0 |
| Left Push | - | 6.6 | - | 16.4 | 5.0 | 32.8 |
| Floor Lift | - | 9.2 | - | 22.9 | 10.0 | 45.8 |
| Floor -R | - | 5.5 | - | 13.8 | 5.0 | 27.7 |
| Floor -L | - | 9.3 | - | 23.2 | 5.0 | 46.4 |
| Knuckle Lift | - | 17.1 | - | 42.7 | 10.0 | 85.3 |
| Knuckle -R | - | 12.9 | - | 32.2 | 6.0 | 64.4 |
| Knuckle -L | - | 10.9 | - | 27.3 | 5.0 | 54.6 |
| Arm(Carry) | - | 10.0 | - | 24.9 | 10.0 | 49.8 |
| Above Shoulder | - | 10.4 | - | 26.0 | 6.0 | 52.0 |
| Right Shoulder Lift | - | 8.4 | - | 21.0 | 3.0 | 42.0 |
| Left Shoulder Lift | - | 9.2 | - | 22.9 | 3.0 | 45.8 |
| Overhead Lift | - | 3.7 | - | 9.3 | 6.0 | 18.7 |

The examinee's values for Frequent and Constant demands are approximated based on the examinee's test performance.

Essential Job Demands

| | Not Required | Occasional | Frequent | Constant | Alteration |
|----------------------|--------------|------------|----------|----------|------------|
| Standing | | X | | | |
| Sitting | | | | X | |
| Walking | | X | | | |
| Driving | X | | | | |
| Climbing | X | | | | |
| Balance | X | | | | |
| Bending/Stooping | | X | | | |
| Kneeling | | X | | | |
| Crouching | | X | | | |
| Crawling | X | | | | |
| Push/Pull | | X | | | |
| Squatting | | X | | | |
| Reach Above Shoulder | | X | | | |
| Reach Immediate | | | X | | |
| Gripping | | | X | | |

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BIOKINETICS

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Biokinetics LLC
Functional Capacity Evaluation

Van Deventer
January 7, 2010
Claim #: WWID#27785

Ability to perform Essential Job Demands:

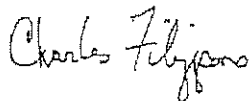
Based on the examinee's performance during this evaluation, he meets the essential postural and physical demands of his occupation for any sedentary occupation for an 8 hour workday.

Recommended Alterations to Job Demands:

None

FCE Summary of Ability to Complete Tasks

The examinee demonstrated a consistent effort during 4 of 6 components of this evaluation. He demonstrated a high CoV in 8 of 15 whole body strength tasks performed and a self-limited performance during gait testing. His overall performance is an accurate portrayal of his maximum physical abilities, while his performance during whole body strength testing and gait testing is not.



Charles Filippone, PT, OCS, CAE
NJ License: QA001535



Quin Bond, BS



December 17, 2009

Dr. Lawrence I. Barr
Garden State Orthopedics
300 Water Street
Toms River, NJ 08753

RE: Ralph Van Deventer
DOB: 11/19/1958

Dear Dr. Barr:

Thank you for agreeing to perform an Independent Medical Examination on the above employee of Johnson & Johnson on Wednesday, January 27, 2010 at 9:30am. The purpose of the IME is to provide an independent, impartial and objective evaluation of the individual. **Please note that no tests or diagnostic studies are to be performed without prior authorization from Reed Group or Exam Coordinators Network.**

Mr. Van Deventer has been losing time from work primarily due to diagnoses of 721.3 Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis, 847.2 Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine, and 727.06 Tenosynovitis of Foot and Ankle since 9/8/2008, 722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc since 11/13/2008, and 722.0 Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc, and 721.1 Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome since 6/17/2009. Mr. Van Deventer continues to apply for disability benefits for issues related to the aforementioned diagnoses. The employee claims continued symptomatology that prevents him from performing the essential functions of any job. Based on plan provisions, Mr. Van Deventer needs to demonstrate disability from any occupation. In order to evaluate the employee's eligibility for continued disability benefits the following issues need to be clarified. My specific questions are:

1. What is the current condition? Please review the report of Functional Capacity Evaluation performed on 1/7/2010. Do you concur? Please address.
2. Is the patient capable of performing an 8-hour-per-day sedentary position, or is he currently considered disabled from any occupation? Please list all disabling factors, as well as any restrictions you would recommend.
3. Do you agree with the treatment to date? If further treatment is recommended, what further treatment would you recommend and how long do you feel treatment should be provided?

Thank you again for your assistance in this matter. Please send your report to my attention at Reed Group, 15 Tech Valley, 2nd Floor, Suite 3, East Greenbush, New York 12061 and/or fax the same to me at (518) 880-6610.

Thank you,

Reed Group



December 17, 2009

Mr. Charles Filippone
Cooper Rehab & Sports Therapy
315 Route 35 North
Red Bank, NJ 07701

RE: Mr. Ralph R. Van Deventer Jr.
DOB: 11/19/1958

Dear Mr. Filippone:

Thank you for agreeing to perform a Functional Capacity Evaluation on the above employee of Johnson & Johnson on Thursday, January 7, 2010 at 11:00am.

Mr. Van Deventer has been losing time from work primarily due to diagnoses of 721.3 Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis, 847.2 Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine, and 727.06 Tenosynovitis of Foot and Ankle since 9/8/2008, 722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc since 11/13/2008, and 722.0 Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc, and 721.1 Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome since 6/17/2009. He claims continued symptomatology that prevents him from performing the essential functions of any job. Based on plan provisions, Mr. Van Deventer needs to demonstrate disability from any occupation. I am requesting that you address specific attention to the ability of the upper and lower extremities.

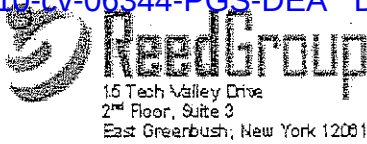
Please perform the evaluation to the minimum level necessary to qualify for sedentary work. Do not task the employee beyond the minimum level of effort necessary to qualify him for a sedentary eight hour a day occupation.

If the findings indicate that the employee can perform sedentary work, please confirm he can work an eight (8) hour day.

Thank you again for your assistance in this matter. Please send your report to my attention at Reed Group 15 Tech Valley, 2nd Floor, Suite 3, East Greenbush, New York 12061 and /or fax the same to me at (518) 880-6610.

Thank you,

Reed Group



December 17, 2009

Mr. Ralph Van Deventer
[REDACTED]

Dear Mr. Van Deventer,

Your case was referred to case management on 9/9/2008.

A Functional Capacity Evaluation (FCE) has been scheduled for you on:
Thursday, January 7, 2010 at 11:00am. The name of the facility is Cooper Rehab & Sports
Therapy and you will be evaluated by therapist, Charles Filippone. The office is located at:

Cooper Rehab & Sports Therapy
315 Route 35 North
Red Bank, NJ 07701

For directions to his office you may call (732) 741-5085.

Please be advised that this evaluation will take approximately 3-4 hours and that your failure to attend, put forth reasonable effort or otherwise fully cooperate in this evaluation will result in the termination of your disability benefits as well as any other benefit programs you may be eligible for through Johnson & Johnson.

Please contact me at (866) 829-8861 (Toll Free) with any questions or comments

Thank you,

Reed Group

Johnson & Johnson LTD

Claimant Name: Ralph VanDeventer

LTD Compliance Letter Points

- ☒ Consult with your orthopedist to:
 - o Begin, and perform as prescribed, an appropriate home exercise program as defined by your physician or physical therapist, and provide to Reed Group a copy of that exercise program
 - o Consult with your provider about taking a non-steroidal anti-inflammatory type medication regimen and either commence usage of this drug as prescribed by your physician or submit medical documentation from your physician in writing as to why he does not support such usage
- ☒ Remain treatment compliant with all prescribed therapies and medications
- ☒ Provide written documentation regarding the above measures to Reed Group within 30 days

Compliance Reviews

Received Documentation that Supports

| Date | Provider |
|------|----------|
|------|----------|

| | |
|---|--|
| 3 months follow up - received and reviewed physician contact sheet, medical authorization, Attending Physician Statement and office visit notes from Dr. Strouse, pt notes and instructions and office visit notes from neurology. (claimant had previously been seen by pt and started on nsaid- documentation was provided) | |
|---|--|

FROM : A-Z VIDEO

FAX NO. : 7322704287

Dec. 11 2009 05:52PM P1

FAX

To: Christin Clark
Fax: 518-880-6610

of pages including cover sheet: 2
Date: 11/010/09

From: Ralph Van Deventer
Phone: [REDACTED]
Cell: [REDACTED]

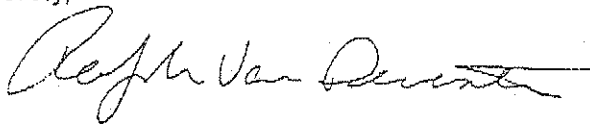
Re: Case # 74518

Dear Christin,

Please find attached to this fax what I received from Allsup regarding the filing date for SSDI benefits. I spoke to Mr. Pagoda last Tuesday and he said that he spoke with Allsup regarding this and that he had the information needed - that was requested by Reed Group. I am forwarding this on to you to keep you informed.

If there are any questions or you need anything else, please let me know. You can contact me at the above phone numbers. Thank you.

Sincerely,



received on 12/11/2009 3:57:34 PM [Eastern Standard Time]

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Admin Rec. 00223

FROM : A-Z VIDEO

FAX NO. : 7322704287

Dec. 11 2009 05:52PM P2



Helping People with Disabilities for 25 Years

December 7, 2009

RALPH R. VAN DEVENTER JR.
[REDACTED]

Dear Mr. Van Deventer:

Allsup recently assisted you in filing an initial claim for Social Security Disability Insurance benefits. We forwarded the claim and related forms to the Social Security Administration (SSA) on December 7, 2009. We also will submit any appropriate evidence of disability to the SSA. Rest assured, we will closely monitor your case until a decision is rendered.

It's very important that we stay abreast of everything related to your claim so we can help you obtain the Social Security and Medicare benefits you deserve. Therefore, whenever you receive anything from the SSA or Disability Determination Service, or have questions, please contact us in the Customer Information Center at (800) 560-1410. Please refer all calls from these agencies to us as well. If you experience a change in your condition, receive new medical treatment, return to work in any capacity or change your contact information—please notify us right away.

We know this process can be trying, and we will do everything we can to help make a difference in your life.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Bruce'.

Mary Bruce
Claimant Representative

InitstatB.doc

received on 12/11/2009 3:57:34 PM [Eastern Standard Time] 223 | www.allsup.com

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Admin Rec. 00224

FAX

To: Christin Clark
Fax: 518-880-6610

of pages including cover sheet: 35 34
Date: 11/07/09

From: Ralph Van Deventer
Phone: [REDACTED]
Cell: [REDACTED]

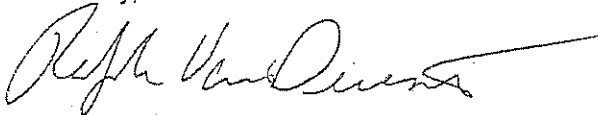
Re: Case # 74518

Dear Christin,

Please find attached to this fax everything I have received from my doctors that was requested in your letter dated 11/09/09.

If there are any questions or you need anything else, please let me know. You can contact me at the above phone numbers. Thank you.

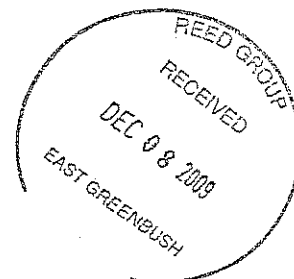
Sincerely,



Christin,

I wanted to send a hard copy as a followup to the fax I sent today, just in case it was unclear in the transmission.

Thanks,
Ralph



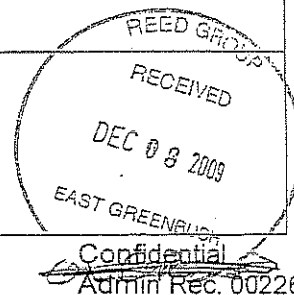
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Admin Rec. 00225



Physician Contact Sheet

Directions — Please FAX to 518-880-6610. If you have any questions, call Reed Group at 866-829-8861.

| | | | | | |
|--|--|--|---|---|--|
| Claimant Name (Please Print): Ralon R. Van Deventer Jr | | WWID#: 10900 | | Claimant Phone Number: 732-881-0506 | |
| Physician Contact #1 | | | | | |
| Physician Name/Specialty: Zulfiqar Rajput PSYCHIATRY | | Physician Phone Number: 732-202-0622 | | Fax Number: 732-202-0620 | |
| Street Address: 1541 Rt. 88 West Suite J | | City: Bricktown | | State: NJ | |
| | | | | Zip Code: 08724 | |
| Date of Last Visit (MM/DD/YYYY): | | | Date of Next Visit (MM/DD/YYYY): 11/23/09 | | |
| Physician Contact #2 | | | | | |
| Physician Name/Specialty: Samuel Schentel Neurologist/Pain Mgt. | | Physician Phone Number: 732-341-2822 | | Fax Number: 732-341-7687 | |
| Street Address: 388 Lakehurst Rd. | | City: Toms River | | State: NJ | |
| | | | | Zip Code: 08755 | |
| Date of Last Visit (MM/DD/YYYY): 9/18/09 10/11/09 | | | Date of Next Visit (MM/DD/YYYY): 11/25/09 | | |
| Physician Contact #3 | | | | | |
| Physician Name/Specialty: Irving Strouse ORTHOPEDIC | | Physician Phone Number: 732-229-4333 | | Fax Number: 732-571-1937 | |
| Street Address: 279 Third Ave Suite 504 | | City: Long Branch | | State: NJ | |
| | | | | Zip Code: 07740 | |
| Date of Last Visit (MM/DD/YYYY): 9/21/09 | | | Date of Next Visit (MM/DD/YYYY): 12/01/09 | | |
| <input type="checkbox"/> I am no longer disabled - Effective Date: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day </div> | | | | | |
| Year _____ Name of treating provider providing medical release (Print): _____ | | | | | |





AUTHORIZATION TO DISCLOSE AND USE MEDICAL INFORMATION FOR DISABILITY-RELATED DETERMINATIONS

Claimant's Full Name Ralph Robert Van Deventer Jr Date of Birth: 11-19-58

Employer's Name: Johnson & Johnson Social Security Number (last 4 digits only): xxx-xx-5069

I authorize all doctors, hospitals, other health care providers, government agencies, insurers, employers, schools, training facilities, health plans, policyholders, contract holders, vendors, health and benefit plan administrators or their successors ("Records Holders") to give out my medical information as explained on this form.

This information includes, but is not limited to, any records or facts about my medical condition, treatment, supplies, expenses, coverage or benefits, or my employment, vocation, education, training, or income, relating to my current disability or my ability to work, whether obtained prior to or after the date of this authorization ("Information").

Information may be provided to the following individuals or entities ("Benefit Managers"): the employer named above, Reed Group, their benefit plan or claims administrator(s), their related companies, contractors, investigators, attorneys, and service consultants, health care providers who treat or evaluate me with respect to my claim, and other individuals or entities involved in administering, evaluating, analyzing and managing the plan or my claim, to allow them to evaluate, analyze, manage and/or administer my claim for short term disability benefits, long term disability benefits, salary continuation, leave under the federal Family and Medical Leave Act, local and state leave laws, workers' compensation and/or any other health benefit program or leave benefit offered by and through my employer ("Benefits Program"), to support, defend, or review any determinations made with respect to the programs and benefits and to give my information to any other person or entity if needed to find out whether I am eligible for benefits, to manage my claim under a Benefits Program, or to run a Benefits Program. The Benefits Managers will tell those receiving the information that the information is confidential.

I understand that once my information is given out as authorized in this form, federal privacy laws may not protect it. Benefits Managers may give information out again as described in this form.

I understand that this permission lasts twelve (12) months after my claim and all appeals are processed or twelve (12) months after the end of my coverage or benefits under the Benefits Program, whichever is longer, unless the law requires a shorter period. If I change my mind before that time, I can tell Reed Group in writing that I do not want Record Holders or Benefit Managers to share any more information. If I write to stop them from sharing information, it will not change any actions they took before they receive my letter.

If I do not sign this form, it will not affect how my health care providers treat me. However, if I do not sign, the Benefits Managers may not be able to review my claim and find out whether I am eligible for benefits. This may result in the delay or denial of my request for benefits.

The information released under this authorization can be sent electronically, by phone or fax, or by mail. I know I can see or request a copy of the records given to the Benefits Managers. I agree that a copy of this form may be treated as a signed original. I understand the terms of this form.

Ralph R. Van Deventer Jr
Claimant's or Legal Representative's Signature

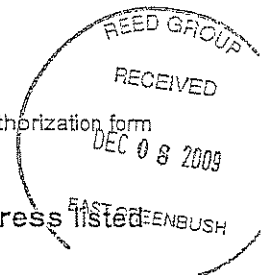
11-23-09
Date

Legal Representative's Name (if any)

Legal Representative's Relationship

The person or entity disclosing the information is responsible for deciding whether to accept this authorization form and, on acceptance, shall send a copy to the claimant.

Please Fax to Reed Group at 518-880-6610 or Return by Mail to the address listed below



Confidential



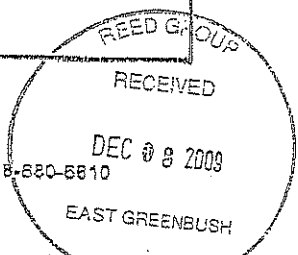
ATTENDING PHYSICIAN STATEMENT (Page 1 of 2)

NOTE TO PHYSICIAN OR OTHER HEALTH CARE PROVIDER: Your full completion of this form is necessary so that the claimant's application for benefit may be received and processed. Space is available on the reverse side if you wish to amplify your answers.

PLEASE ANSWER ALL QUESTIONS. RETURN FORM TO REED GROUP PROMPTLY. Fax # 518-880-8610

| | |
|---|---|
| Name of patient <u>Ralph R. Van Deventer Jr.</u> | Date of birth <u>[REDACTED]</u> Mo. _____ Day _____ Year _____ |
| Employer name <u>Johnson & Johnson (Ortho Clinical Diagnostics)</u> | |
| 1. HISTORY (a) When did symptoms first appear or accident happen? Mo. <u>9</u> Day <u>8</u> Year <u>08</u> (b) Date patient ceased work because of disability Mo. <u>9</u> Day <u>23</u> Year <u>09</u> (c) Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" state when and describe: (d) Is condition due to injury or sickness arising out of patient's employment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (e) Names and addresses of other treating physicians: | |
| 2. DIAGNOSIS (including primary and secondary diagnoses or complications) (a) Diagnosis: <u>OSTEOARTHRITIS, SPINAL DISC DEGENERATION, DEGENERATIVE DISC DISEASE</u> (b) Date of last examination Mo. <u>12</u> Day <u>1</u> Year <u>09</u> (c) Subjective symptoms: (d) Objective findings: Your patient may be covered under the Long Term Disability (LTD) provisions of the Johnson and Johnson Plan. To assist Reed Group in making this difficult determination, we request your cooperation in forwarding: the yield of objective tests already taken (for example, electrocardiograms, angiograms, etc. for a heart condition; vital capacity readings for emphysema; x-rays for muscular skeletal disorders) and the results found through the use of other clinical techniques. Do you wish this information returned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. DATES OF TREATMENT (a) Date of first visit Mo. <u>9</u> Day <u>8</u> Year <u>08</u> (b) Date of last visit Mo. <u>12</u> Day <u>1</u> Year <u>09</u> (c) Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) | |
| 4. NATURE OF TREATMENT (including surgery and medications prescribed, if any) <u>Pain management + physical therapy</u> | |
| 5. PROGRESS (a) Has patient <input type="checkbox"/> Recovered? <input type="checkbox"/> Improved? <input checked="" type="checkbox"/> Unchanged? <input type="checkbox"/> Retrogressed? (b) Is patient <input checked="" type="checkbox"/> Ambulatory? <input type="checkbox"/> House confined? <input type="checkbox"/> Bed confined? <input type="checkbox"/> Hospital confined? (c) Has patient been hospital confined? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give Name and Address of Hospital Continued from _____ through _____ | |
| 6. CARDIAC (if applicable) (a) Functional capacity <input type="checkbox"/> Class 1 (No limitation) <input type="checkbox"/> Class 2 (Slight limitation) (American Heart Ass'n.) <input type="checkbox"/> Class 3 (Marked limitation) <input type="checkbox"/> Class 4 (Complete limitation) (b) Blood Pressure (last visit) _____ / _____ SYSTOLIC DIASTOLIC | |

Reed Group | 15 Tech Valley Drive | 2nd Floor, Suite 3 | East Greenbush, NY 12061 | 866-829-8861 | Fax: 518-880-8610



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RALPH VANDEVENTER

DOB 11-19-58

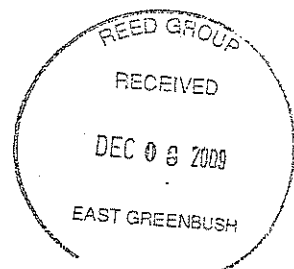
12-1-09

HISTORY: Patient is still having chronic back pain. He sees a pain management specialist and is continuing his physical therapy. He still has intermittent back pain. There is no significant sciatica, weakness or numbness present. There is no change in his neurologic status.

PLAN: Continue physical therapy for another 4 weeks.

RETURN: 6 weeks

IDS:pb



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11/23/2009 13:44 732-505-3475

HEARTLAND REHAB

PAGE 02/05



222 OAK AVENUE SUITE 5
TOMS RIVER, NJ 08755
(732) 244-1995 Fax: (732) 505-3475

RE-EVALUATION REPORT

September 30, 2009

Irving Strouse, M.D.
279 Third Ave. Suite 504
Long Branch, NJ 07740
Fax: (732) 571-1937

Re: VanDeventer, Ralph
DX: DISC DIS NEC/NOS-CERV
DISC DIS NEC/NOS-LUMBAR

DOB: [REDACTED]
DOI: 05-01-09

Recently you referred your patient, Ralph VanDeventer, a [REDACTED] year-old male, to our facility for treatment. Below, please find the results of the re-evaluation. This patient has attended 12 out of 18 visits. The patient has cancelled or no showed 6 times.

Subjective History

The patient states that his symptoms are getting worse. The current pain rating is 5.

Patient reports that he has been unable to work since 7/21/09 secondary to increased pain through the lumbar and cervical spine. Patient reports increased pain through the cervical and lumbar spine with sleeping, driving, sitting, etc.

Objective Findings

| | Region | Side | Initial | Current | Goal | AC/RT/PT/ST |
|---------------------------------|--------------|------|---------|---------|---------|-------------|
| AROM Cervical Extension | Cervical | | 50% | 50% | 70% | |
| AROM Cervical Flexion | Cervical | | 70% | 70% | 90% | |
| AROM Cervical Rotation - right | Cervical | | 40% | 40% | 60% | |
| AROM Cervical Sidebend - right | Cervical | | 20% | 30% | 50% | |
| AROM Lumbar Extension | Lumbo-Sacral | | 40% | 40% | 60% | |
| AROM Lumbar Flexion | Lumbo-Sacral | | 30% | 30% | 50% | |
| AROM Lumbar Sidebending - right | Lumbo-Sacral | | 40% | 40% | 60% | |
| AROM cervical rotation - left | Cervical | | 30% | 50% | 60% | |
| AROM cervical sidebend - left | Cervical | | 30% | 30% | 50% | |
| AROM lumbar sidebend - left | Lumbo-Sacral | | 50% | 50% | 70% | |
| MMT UE - WNL | Cervical | | Yes | Yes | | |
| Point Tenderness | Cervical | R | Severe | Severe | Minimal | |
| Postural Deviation | Cervical | | Yes | Yes | No | |

Tenderness to palpation at the bilateral upper trap and mid-scap region and bilateral lower lumbar paraspinal

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11/23/2009 13:44 732-505-3476

HEARTLAND REHAB

PAGE 03/05

Re: VanDeventer, Ralph
Date: 09-30-09 Page: 2**Treatment**

| Exercise/Modality | Sets | Reps | Wks | Days | Time | Comments |
|------------------------------|------|------|-----|------|------|---------------------------------------|
| Corner Stretch | 1 | 10 | | | 4 | |
| Moist Heat | | | | | 15 | cervical and thoracic spine supine |
| Scapular Retraction | 2 | 10 | | | 4 | |
| Isotonic Shoulder Abduction | 2 | 10 | 3 | | 4 | |
| Isotonic Shoulder Flexion | 2 | 10 | 3 | | 4 | |
| Physioball Wall Squats | 2 | 10 | | | 4 | |
| Biceps Curl | 2 | 10 | 4 | | 4 | |
| Hamstring Stretch Actively | 1 | 15 | | | 4 | |
| Lower trunk rotation | 1 | 15 | | | 4 | |
| Piriformis Stretch | 1 | 15 | | | 4 | |
| Single Knee To Chest | 1 | 15 | | | 4 | |
| Theraband Extension | 2 | 10 | | R | 4 | |
| Theraband Scapula Retraction | 2 | 10 | | R | 4 | |

Assessment

The patient's rehabilitation potential is excellent. Patient presented with decreased pain following completion of today's treatment session. Slightly increased AROM. Patient continues to present with increased pain through the cervical and lumbar spine with sleeping, driving, sitting, lifting, etc. Patient would benefit from additional PT treatment to promote improved AROM and strength. Patient's treatment today consisted of MH and therapeutic exercise. Performed a re-evaluation of patient's status today. Reviewed comprehensive HEP, which consisted of cervical AROM (flex/ext/rotation), theraband scapular retraction, theraband extension, trunk rotations, SKTc, hamstring stretch and gastroc stretch.

Short Term Goals

Improve affected lumbar ROM as per objective findings
Independent with HEP
Demonstrate improved postural awareness
Decrease soft tissue dysfunction
Improve cervical ROM

Body Part

Cervical
Cervical
Cervical
Cervical
Cervical

Status

Pending
Pending
Pending
Pending
Pending

Time Frame

2 Weeks
2 Weeks
2 Weeks
2 Weeks
2 Weeks

Long Term Goals

Normalize L-S ROM
Return to work without pain
Cervical motion WFL to perform functional activities

Body Part

Cervical
Cervical
Cervical

Status

Pending
Pending
Pending

Time Frame

3 Weeks
3 Weeks
3 Weeks

Plan

We will see the patient 1 times a week for 3 weeks. The treatment plan may consist of the following:

Hot Pack / Cold Pack

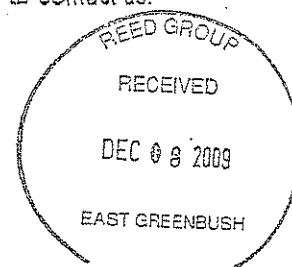
Therapeutic Exercise

The plan is to continue treatment as prescribed.

If you have any questions or concerns regarding the treatment program for Ralph please feel free to contact us. We will keep you informed of his progress. Thank you for this referral.

Regards,

Electronically Signed By
Jamie Vellone, PT
Lic: 40QA01055600



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11/23/2009 13:44 732-505-3476

HEARTLAND REHAB

PAGE 04/05

Heartland

REHABILITATION SERVICES

222 OAK AVENUE SUITE 5
TOMS RIVER, NJ 08755
(732) 244-1995 Fax: (732) 505-3476

DAILY NOTE

October 14, 2009

Patient: VanDeventer, Ralph

DOB: [REDACTED]

Dx: DISC DIS NEC/NOS-CERV
DISC DIS NEC/NOS-LUMBAR

DOI: 05-01-09

Subjective

The current pain rating is 5.

Patient continues to report increased pain through the cervical and lumbar spine with sleeping, driving, sitting, etc. Patient reports that over the past weekend he experienced increased LBP pain he tried vacuum his daughter's room. He states that the pain incapacitated him for 2 days.

Objective Findings

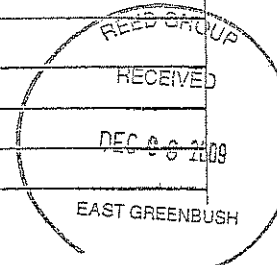
| | Region | Side | Initial | Current | Goal | Contralateral |
|--------------------------------|--------------|------|---------|---------|------|---------------|
| AROM Cervical Extension | Cervical | | 50% | 50% | 70% | |
| AROM Cervical Flexion | Cervical | | 70% | 70% | 90% | |
| AROM Cervical Rotation - right | Cervical | | 40% | 40% | 60% | |
| AROM Lumbar Extension | Lumbo-Sacral | | 40% | 40% | 60% | |
| AROM Lumbar Flexion | Lumbo-Sacral | | 30% | 30% | 60% | |
| AROM cervical rotation - left | Cervical | | 30% | 50% | 60% | |

Tenderness to palpation at the bilateral upper trap and mid-shoulder region and bilateral lower lumbar paraspinal region. Patient is right hand dominant.

Exercises and Modalities

| | Sets | Reps | Weights | Duration | Comments |
|-----------------------------|------|------|---------|----------|------------------------------------|
| Corner Stretch | 1 | 10 | | 3 | |
| Moist Heat | | | | 15 | cervical and thoracic spine supine |
| Scapular Retraction | 2 | 10 | | 4 | |
| Isotonic Shoulder Abduction | 2 | 10 | 3 | 4 | |
| Isotonic Shoulder Flexion | 2 | 10 | 3 | 4 | |
| PhysioBall Wall Squats | 2 | 10 | | 4 | |
| Biceps Curl | 2 | 10 | 4 | 4 | |
| Hamstring Stretch Actively | 1 | 15 | | 3 | |
| Lower trunk rotation | 1 | 15 | | 3 | |
| Piriformis Stretch | 1 | 15 | | 4 | |
| Single Knee To Chest | 1 | 15 | | 4 | |
| Thorax Extension | 2 | 10 | | 4 | |

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11/23/2009 13:44 732-505-3475

HEARTLAND REHAB

PAGE 05/05
Re: VanDeventer, Ralph
Date: 10-14-08 Page: 2

| | | | | | |
|------------------------------|---|----|--|---|--|
| Theraband Scapula Retraction | 2 | 10 | | 4 | |
|------------------------------|---|----|--|---|--|

Assessment

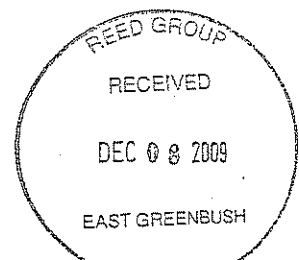
Patient is able to perform exercises with no change in pain. Tolerance to treatment is good. Patient presented with decreased pain following completion of today's treatment session. Slightly increased AROM. Patient continues to present with increased pain through the cervical and lumbar spine with sleeping, driving, sitting, lifting, etc. Patient's treatment today consisted of MH and therapeutic exercise. Reviewed comprehensive HEP, which consisted of cervical AROM (flex/ext/rotation), theraband scapular retraction, theraband extension, trunk rotations, SKTC, hamstring stretch and gastroc stretch.

Plan

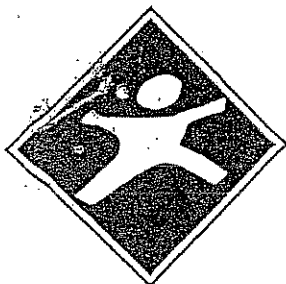
Continue current treatment plan.

Electronically Signed By
Sandra Smith, PTA 40QB000348
Lic:

Electronically Signed By
Jamie Vallone, PT
Lic: 40QA01055500



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Pollack Health and Wellness, Inc.

A holistic multi-disciplined approach to wellness

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pchiropractic@comcast.net

Pollack Chiropractic Center

www.pollackchiropracticcenter.com

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www.beachwoodlowback.com

.....
**Comprehensive
chiropractic and
rehabilitative services**
.....

Date: 11-2-09

CHIROPRACTIC
Applied Kinesiology
Low-force cranial work
Activator

S.O.T. drop table
Diversified, Gonstead, and
low-force Pierce adjusting
Pediatric Specialist
X-rays on premises

Patient Name: Ralph Vandeventer

VAX-D THERAPY
Painless cervical and lumbar
decompression to correct
herniated, bulging or
degenerative discs

This is your professional home program. Do only the repetitions and
exercises assigned. If you experience shortness of breath or muscle
soreness – discontinue.

**MANIPULATION
UNDER ANESTHESIA
(MUA)**

Call with any questions.

PHYSICAL THERAPY
Cold Laser therapy
Electric &
galvanic muscle stimulation
Thermal modalities
Soft-tissue mobilization
Ultra-sound
Manual traction

Jane Delaney, P.T.
QA04970

MYOFACIAL RELEASE

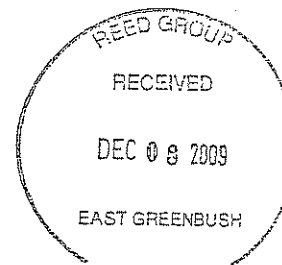
Jane Delaney, P.T.
QA04970

MASSAGE THERAPY

**LIFESTYLE
MODIFICATION**
with NLP
(neuro-linguistic programming)

**STOP SMOKING
PROGRAM**
with electro-acupuncture

**NUTRITIONAL
PURIFICATION
PROGRAM**

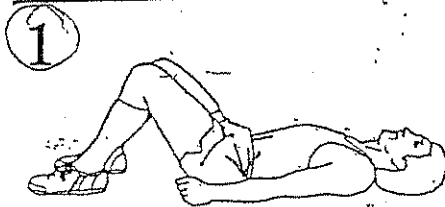


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LOW BACK PRESCRIPTION PAD

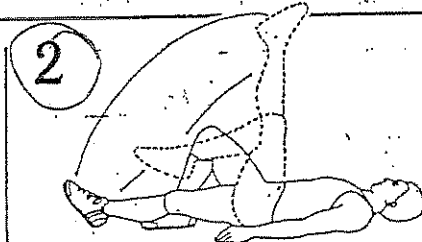
GENERAL DIRECTIONS

- The following exercises are a collection of exercises most commonly used with people with back problems.
- Your doctor and/or therapist will choose the exercises you are to perform.
- **THESE EXERCISES SHOULD BE DONE ONLY WITH THE APPROVAL AND SUPERVISION OF YOUR DOCTOR AND THERAPIST.**



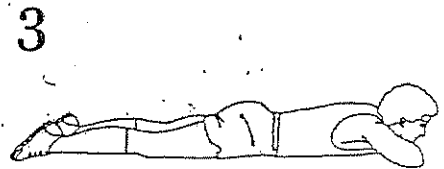
Tilt hips toward head, pressing low back firmly to floor and tightening abdominals. Hold 2-3 seconds.

of times 10x Hold ____ sec.



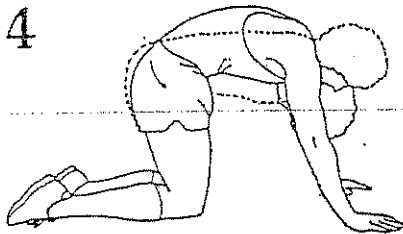
Pull leg to bent position then follow motion shown. Complete all repetitions to one side.

of times 10x Hold ____ sec.



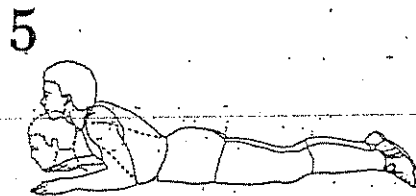
Tighten buttocks while pressing pelvis to floor.

of times ____ Hold ____ sec.



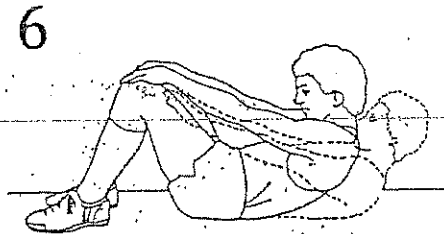
Arch entire back. Bring pelvis forward and chin to chest while tightening abdominals.

of times ____ Hold ____ sec.



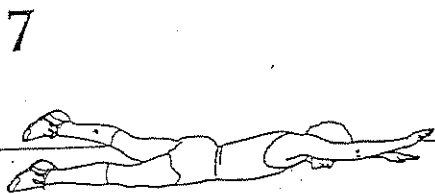
Press upper body upward to position shown, keeping pelvis on floor.

of times ____ Hold ____ sec.



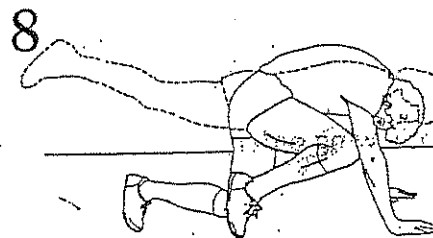
Keeping low back flat on floor, curl upper body toward pelvis until hands cup kneecaps.

of times ____ Hold ____ sec.



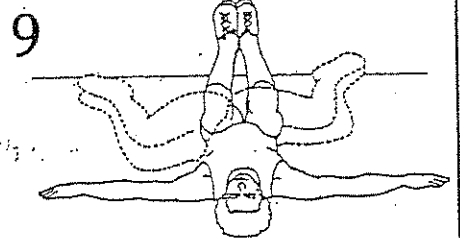
Raise one hand and opposite leg six inches off floor for three seconds. Alternate sides.

of times ____ Hold ____ sec.



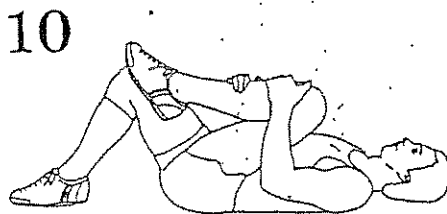
Tuck leg to chest, then drive leg back and up until it is straight and level with body.

of times ____ Hold ____ sec.



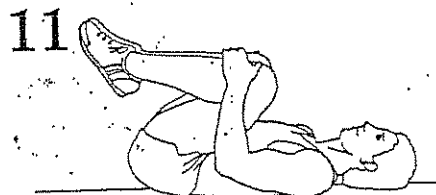
Keeping shoulders flat on floor, slowly rotate hips and legs from side to side.

of times ____ Hold ____ sec.



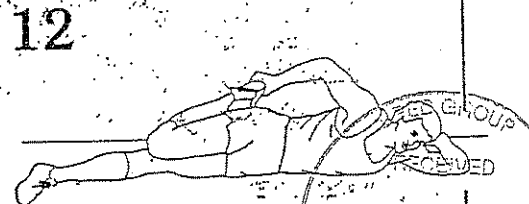
Keeping low back flat, bring each knee to chest for 30 seconds. Alternate legs.

of times ____ Hold ____ sec.



Keeping low back flat, bring knees to chest for one minute.

of times ____ Hold ____ sec.

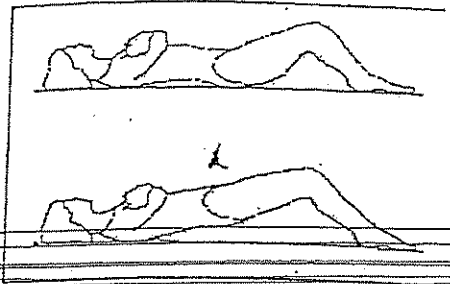


Pull heel to buttocks while contracting abdominals. Stretches thigh.

of times ____ Hold ____ sec.

Starting Position: Lie on your back on a table or flat surface. Your feet are flat on the surface and your knees are bent. Keep your legs together. Cross your arms over your chest.

Action: Tilt your pelvis and push your low back to the floor as in the previous exercise, then slowly lift your buttocks off the floor as far as possible without straining. Maintain this position for 5 seconds. Lower your buttocks to the floor. Do not hold breath.



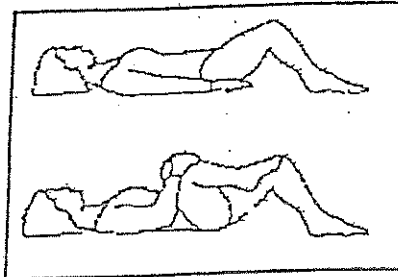
Do Not Cause Pain.

Exercise 5: Lower Abdominal Exercises

Starting Position: Lie on your back on a table or firm surface. Knees bent and feet flat on the table. Flatten your back to the floor by pulling your abdominal muscles up and in.

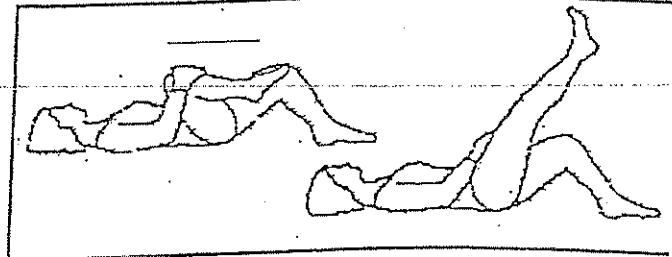
Action:

- A. Bring one knee toward your chest. Hold this position for _____ seconds. Lower your leg to the starting position. Then repeat on your opposite knee.
- B. Bring one knee toward your chest. Straighten the knee. Hold for _____ seconds. Slowly lower the leg to the starting position. Repeat on opposite leg.
- C. Raise your leg keeping your knee straight. Hold for _____ seconds. Slowly lower the leg to the floor. Repeat on the opposite leg.

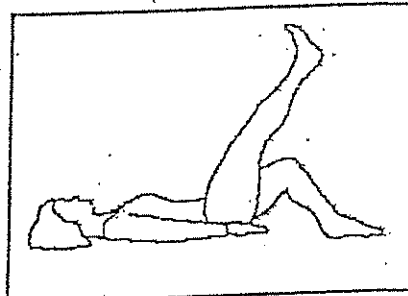


A.

B.



C.



Maintain your pelvic tilt and keep your resting leg relaxed at all times. Do not hold your breath.

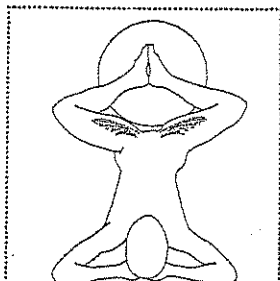
Do Not Cause Pain.

Exercise 6: Curl Ups

A.

www.nismat.org/orthocor/programs/lowback/backex.html



The Simplest of Pleasures: Stretching

anatomy on the ball: the groin muscles.

Adduction of the hip—movement of the hip forward the body in the frontal plane—is the primary function of the groin muscles. These muscles, located in the inner thighs, help to stabilize the femur and connect it to the pelvis. The groin muscles are frequently torn if not warmed up or stretched properly.

Snaps
over
hold

Frog Stretch

The following exercise is a comfortable, relaxing stretch that is best performed in bare feet so that the feet will not slip on the ball. The mat supports the back and there is no stress on the ligaments in the lower back or the pelvis. You are trying to stretch the inner thighs, or adductors. If these muscles are not regularly stretched they pull on the pelvis and lower back. For some people even the feet and ankle muscles will feel a stretch while in the Frog.

Purpose To stretch the inner thighs.

Watchpoints • You should feel tension in the center of the groin muscle, not high up in the groin (in the tendon). • Hold the stretch as long as it is comfortable.

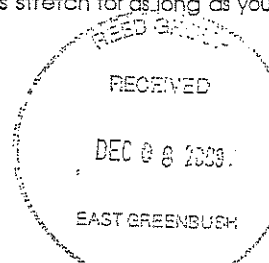


starting position

Lie on your back with the soles of the feet together and resting on the ball. Let the knees gently open to the side in a frog-leg shape (fig. 8.1).

movement

1. Rest the hands on the inner thighs but do not force down the knees.
2. Relax. Allow gravity to ease open the inner thighs.
3. Over time you can gently ease the feet, a fraction of an inch at a time, closer to the groin area.
4. Stay in this stretch for as long as you like.

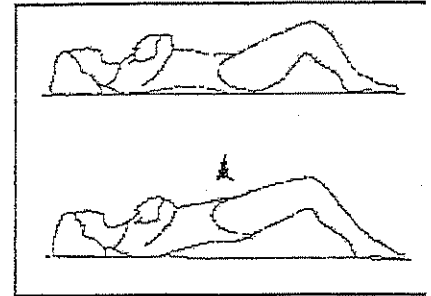


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Starting Position: Lie on your back on a table or flat surface. Your feet are flat on the surface and your knees are bent. Keep your legs together. Cross your arms over your chest.

Action: Tilt your pelvis and push your low back to the floor as in the previous exercise, then slowly lift your buttocks off the floor as far as possible without straining. Maintain this position for 5 seconds. Lower your buttocks to the floor. Do not hold breath.

Do Not Cause Pain.



Exercise 5: Lower Abdominal Exercises

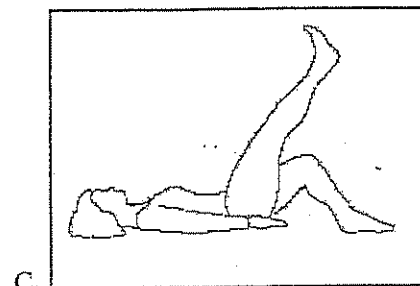
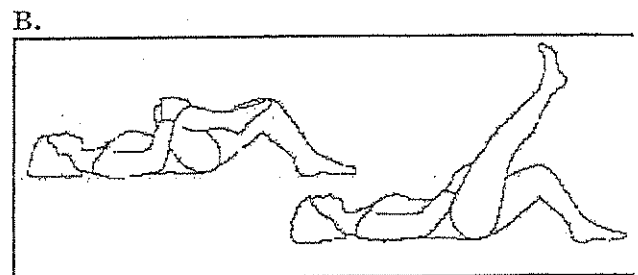
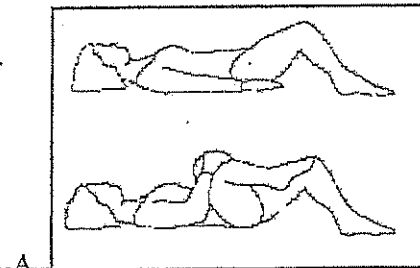
Starting Position: Lie on your back on a table or firm surface. Knees bent and feet flat on the table. Flatten your back to the floor by pulling your abdominal muscles up and in.

Action:

- A. Bring one knee toward your chest. Hold this position for _____ seconds. Lower your leg to the starting position. Then repeat on your opposite knee.
- B. Bring one knee toward your chest. Straighten the knee. Hold for _____ seconds. Slowly lower the leg to the starting position. Repeat on opposite leg.
- C. Raise your leg keeping your knee straight. Hold for _____ seconds. Slowly lower the leg to the floor. Repeat on the opposite leg.

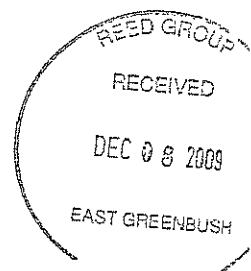
Maintain your pelvic tilt and keep your resting leg relaxed at all times. Do not hold your breath.

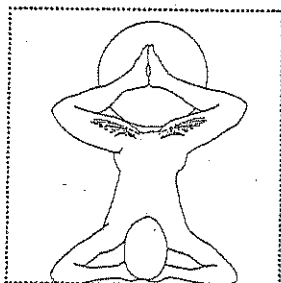
Do Not Cause Pain.



Exercise 6: Curl Ups

A.



The Simplest of Pleasures: Stretching**anatomy on the ball: the groin muscles.**

Adduction of the hip—movement of the hip toward the body in the frontal plane—is the primary function of the groin muscles. These muscles, located in the inner thighs, help to stabilize the femur and connect it to the pelvis. The groin muscles are frequently torn if not warmed up or stretched properly.

Frog Stretch

The following exercise is a comfortable, relaxing stretch that is best performed in bare feet so that the feet will not slip on the ball. The mat supports the back and there is no stress on the ligaments in the lower back or the pelvis. You are trying to stretch the inner thighs, or adductors. If these muscles are not regularly stretched they pull on the pelvis and lower back. For some people even the feet and ankle muscles will feel a stretch while in the Frog.

Purpose To stretch the inner thighs.

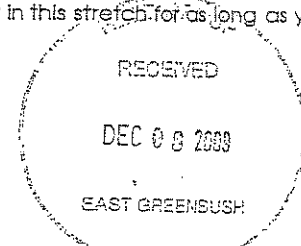
Watchpoints • You should feel tension in the center of the groin muscle, not high up in the groin (in the tendon). • Hold the stretch as long as it is comfortable.

**starting position**

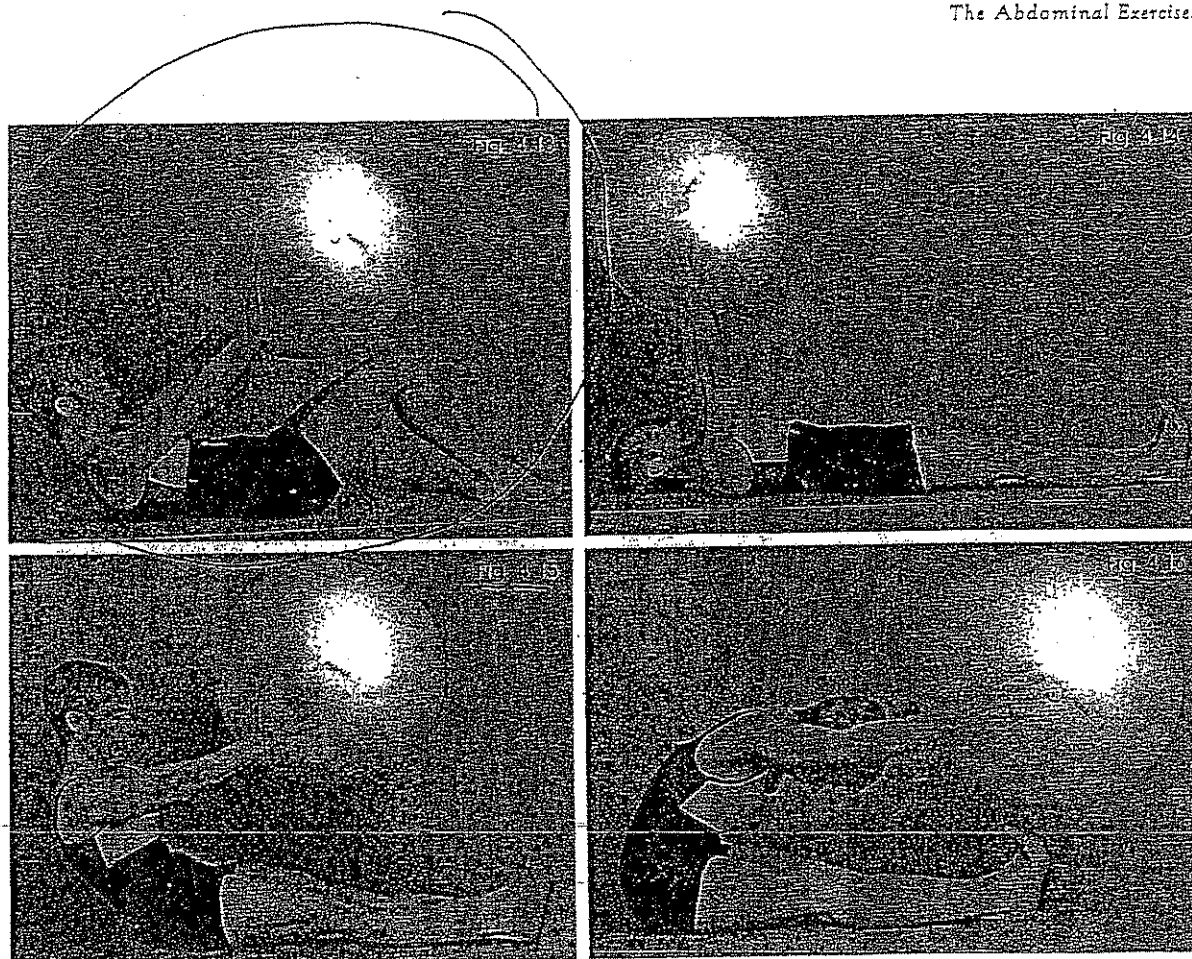
Lie on your back with the soles of the feet together and resting on the ball. Let the knees gently open to the side in a frog-leg shape (fig. 8.1).

movement

1. Rest the hands on the inner thighs but do not force down the knees.
2. Relax. Allow gravity to ease open the inner thighs.
3. Over time you can gently ease the feet, a fraction of an inch at a time, closer to the groin area.
4. Stay in this stretch for as long as you like.



The Abdominal Exercises



movement 1: half rollup

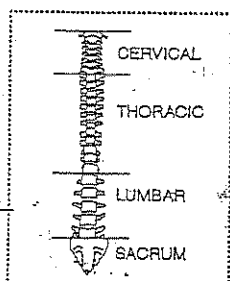
1. Inhale to lift the ball to the ceiling, head still on the mat.
2. Exhale to flex the body up, chin to chest, bringing the ball just above the knees (fig. 4.13).
3. Inhale to start to lift the ball back.
4. Exhale to roll back down one bone at a time.
5. Repeat six to eight times.

movement 2: full rollup

1. Inhale to lift the ball to the ceiling (fig. 4.14).
2. Exhale to flex the body up, peeling away from the mat one vertebra at a time (fig. 4.15).
3. Inhale to extend the ball toward your toes, and start to roll back pulling your navel toward your spine (fig. 4.16).
4. Exhale to reverse the movement, rolling down one vertebra at a time.
5. When your shoulder blades reach the mat, the ball floats back overhead.
6. Repeat six to eight times.



Breathing and Breathers



anatomy on the ball: the spine

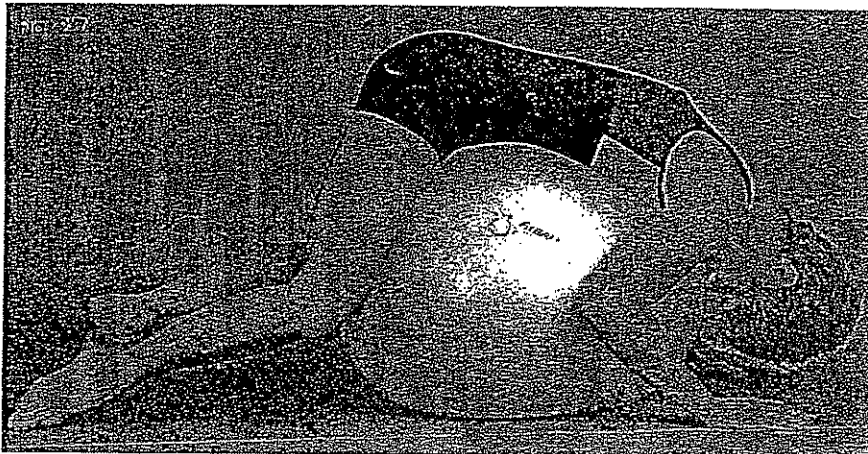
As you allow your spine to take the shape of the ball, imagine in your mind's eye your backbone. Your spine consists of twenty-four spool-shaped vertebrae plus the sacrum—the triangular bone at the base of the spine; Below the sacrum is your tailbone.

As gravity gently opens you up and you feel a pleasant release in the neck and upper spine, can you image the sections of the spine? In the cervical section there are seven neck bones, or vertebrae; in the thoracic, or upper back, there are twelve; and in the lumbar, or lower back, there are five.

Because of the number of bones that make up the spine, and the joints between them, the spine is very mobile. Go deeper into your stretch, so that your head is one inch from the ground. Send the breath into your back. Allow gravity to do its work. Enjoy!

Purpose To relax body and mind. To allow gravity to naturally stretch the neck and spine.

Watchpoints • Take care that long hair does not get stuck under the ball as you roll forward. • The chest and breasts should not feel compressed. Letting a small amount of air out of the ball makes this pose more comfortable for some.

*starting position*

Kneel behind the ball and carefully lay your body over it, face down.

movement

1. Keeping the movement small to begin, roll over the ball, face down.

2. Place your hands a few inches apart on the ground in front of the ball, toes on the ground behind you.

3. Go deeper into the stretch so that your head is only one inch from the ground (fig. 2.7).

4. Feel your spine release.
5. Practice breathing into the back of the rib cage. Then try breathing deep into the abdominals, noticing how the pelvic muscles release with that breath.

Rib cage breathing takes time to master but the results are well worth the effort. Return to this chapter from time to time and review the breathing exercises. It is important to remember that the breathing patterns in the following chapters are not written in stone. Many teachers and students take liberties with breathing patterns and so can you. The most important thing is not to hold your breath. Be sure that you build breathers or relaxation positions into your workout. In the next chapter we will begin to add body movements to the breath patterns. The postural exercises are designed to foster an awareness of your spine. Sitting, bouncing, and performing the postural exercises will strengthen the deep small spinal muscles and bring the body back into balance.

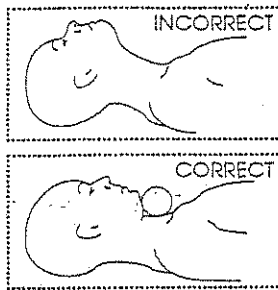
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The Abdominal Exercises

head position
on the mat

When lying on your back be sure your head is not tilted so far that your neck arches. You may need to drop the chin gently forward as if you have a tennis ball held at the throat.

This correction will produce a sensation of lengthening through the neck, which is what we want when the head is on the mat. This is what I mean by the directive "lengthen through the back of the neck." In some cases a flat pillow may be necessary.

To lift the head safely, first nod or drop the chin forward and curve your head up immediately as you empty the air from the lungs. Avoid sticking your chin into the air or grinding it into the chest, for that puts a lot of pressure on the back of the neck. Make sure your gaze is on your thighs and not on the ceiling when the head is up.

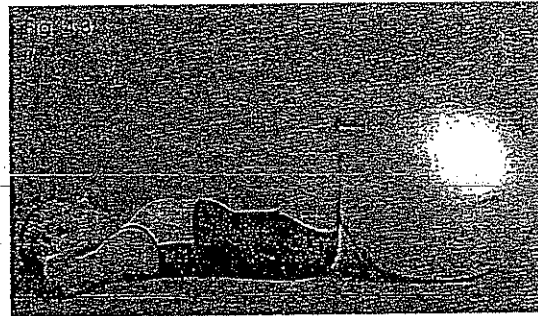
Little Abdominal Curls

This is the first in a series of highly effective abdominal exercises. This exercise will teach you how to curl the upper body while keeping the navel-to-spine connection. This small exercise is so much more efficient than hooking your feet under a couch and heaving yourself through a series of sit-ups, which creates strong hip flexors, not abdominals. Hands placed behind the head will help you to practice safely lifting the head from the mat. Try to keep your pelvis in neutral and not tuck up the tailbone. If you have never done Pilates before, you may find the moves to be much slower than you are used to.

Purpose To strengthen the abdominal muscles. To learn to lift the head off the mat. To help ease mild lower back pain.

Watchpoints • Try to use the abdominals, not the hands, to lift the head.

• Try not to let the chin dig into the chest. • Keep the pelvis in neutral.

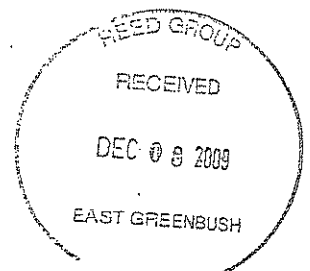
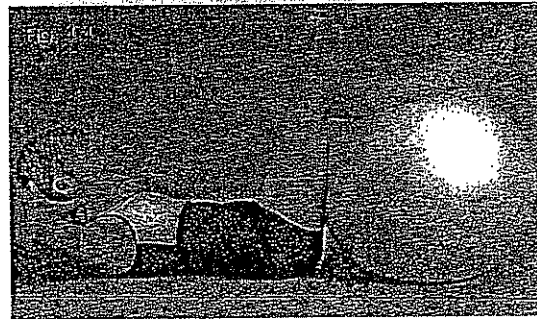


starting position

1. Lie on your back with the ball under your knees, knees in line with your hips.
2. Check that the back of the neck is in "lengthened position." Place hands behind the head, elbows wide (fig. 4.3).

movement

1. Inhale to prepare and begin to drop the chin while the head is still on the mat.
2. Exhale to lift the head, flexing the upper body.
3. Inhale and stay; your gaze is at your thighs, not at the ceiling (fig 4.4).
4. Exhale to return your head to the mat.
5. Repeat eight times, slow and controlled.



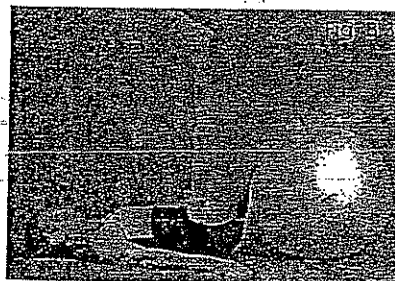
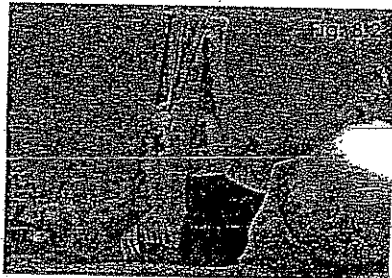
Hamstring Stretch

There are three muscles that run down the back of the thigh that make up the hamstrings. These muscles extend from the sitz bones to the inside and outside of the knee. The hamstring muscles do not stretch behind the knee; thus you should not feel this stretch in the back of the knee. If you feel pressure on the back of the knee, keep the knee slightly bent. Tight hamstrings cause poor posture and lower back pain and problems.

Purpose To stretch the hamstrings.

Watchpoints • In all three movements the tailbone should remain on the mat. • In movements 1 and 2 be aware of the neck as you stretch. Try not to arch the back and shorten the neck. Drop the chin gently as if you have a tennis ball at the throat, or place a flat pillow under the head. • In movement 3 be aware that attempting to grab the toes or dorsiflex the foot makes the stretch more intense because it involves the calf muscle as well.

Use ball



starting position

Lie on your back with the back of both calves resting on the ball.

movement 1: with towel or scarf

1. Sling a towel across the arch of the left foot. Keeping the tailbone anchored on the mat, slowly straighten the left leg into the air (fig. 8.2).
2. Hold for 30 to 50 seconds. Breathe naturally.
3. Return the leg to the ball and switch sides.

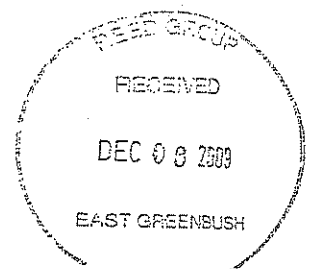
movement 2: without towel

1. Lift one leg off the ball keeping the leg as straight as possible. The back of the knee can be soft. Try to keep the tailbone on the mat (fig. 8.3).
2. Hold for 5 to 20 seconds. Breathe naturally.
3. Lower the leg to the ball and switch sides.

movement 3—intermediate

1. Place both hands at the back of the thigh.
2. Inhale to prepare.
3. Exhale to slowly walk your hands up the back of the leg (fig. 8.4).
4. Inhale at the top, reaching the hand toward the toes without letting the shoulders come up.
5. Exhale to walk down the back of the leg.
6. Repeat three times on each leg.

*50 sec
20 sec
10 sec*



The Simplest of Pleasures: Stretching

Hip Stretch

You can move directly from the Hamstring Stretch into the Hip Stretch. The hip rotators are six small muscles that cross the back of the pelvis and are responsible for turning the thigh outward. The gluteus maximus is the large buttocks muscle. The ball is a great aid to this traditional stretch because you don't need to use the hands to pull the leg closer to the body.

Purpose To stretch the large gluteus maximus and the external hip rotators.
Watchpoints • Keep the upper body and head on the mat. • Rest the back of the pelvis evenly on the mat.



starting position

Lie on your back with the backs of both legs resting on the ball.

movement

1. Allow the left foot to roll the ball straight out away from the body.
2. Cross the right foot over the left thigh. There should be no tension in the hip muscles.

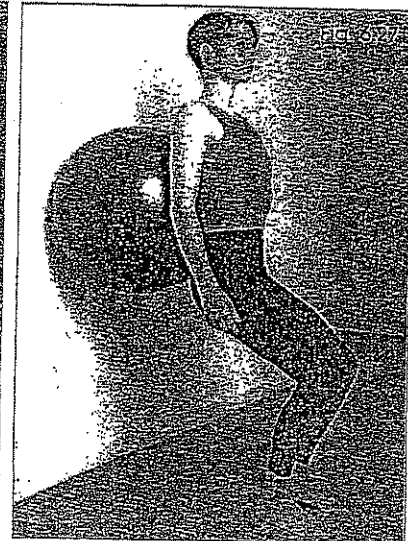
3. Press the left heel on the ball, bend the left knee, and slowly pull the ball toward the body, keeping the right knee open (fig. 8.5). Stop when you feel a tension in the deep hip muscles and the back of the right buttock.
4. Roll the ball back out to release the tension and then slowly ease it back in.
5. Do three stretches on each side. Hold for 30 to 60 seconds each.

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Pilates on the Ball Arm- and Footwork



movement 4: lower and lift

1. Feet are sitz-bone distance apart and parallel. Lift the heels up high, as if you were wearing high-heeled shoes (fig. 6.25).
2. Inhale to lower, keeping the heels up (fig. 6.26).
3. Exhale to push the heels down, keeping the knees bent (fig. 6.27).

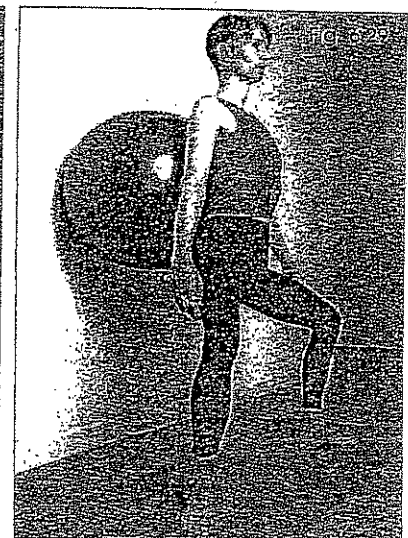
4. Inhale to lift the heels, keeping the knees bent.
5. Exhale to straighten the legs, keeping the heels up.
6. Inhale to bend the knees, keeping the heels up.
7. Exhale to push the heels down once, keeping the knees bent.
8. Inhale to lift the heels, keeping

the body in the same plane and knees bent.

9. Exhale to lower the heels twice, keeping the knees bent.
10. Inhale to lift the heels, keeping the knees bent.
11. Exhale to straighten the legs.
12. Repeat, building up to five repetitions of this movement sequence.

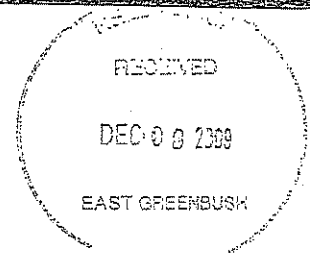
movement 5: wide squat

1. Begin with feet wider than shoulder-distance apart and slightly turned out (fig. 6.28).
2. Inhale to bend the knees, keeping the heels down. The knees should be aligned over the toes (fig. 6.29).
3. Exhale to stretch the legs.
4. Repeat six to eight times.



10m

Sum ball



ACTIVITIES OF DAILY LIVING INSTRUCTION

In-Office Instruction

GENERAL INSTRUCTIONS

Do only those exercises taught to you by your therapist. Exercises are best done on a firm surface, such as the floor or a very firm bed.

WHEN STANDING

1. Keep your head level and your chin slightly tucked in.
2. Stand tall, stretching the top of your head toward the ceiling.
3. Relax your shoulders.
4. Tighten your stomach muscles to tuck in your stomach. This will help prevent excessive swayback, or lordosis, in the lower part of your back.

WHEN SITTING

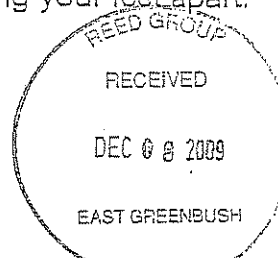
1. Keep your head level and chin up.
2. Keep your buttocks to the back of the chair and maintain a slight inward curve in your lower back. Sometimes a small pillow or rolled towel in the small of your back helps. Do not slouch.
3. Keep your feet comfortably apart and supported so that your knees are level with your hips.

WHEN LYING

1. Use a firm mattress.
2. Lie on your side with your hips and knees slightly bent and with a pillow between your legs.
3. If you find you are able to sleep only on your back, a pillow under your knees may take the strain off your lower back.

WHEN LIFTING

1. Keep your head level and chin up.
2. Keep your back straight, bend your knees and squat as low as possible, keeping your feet apart.
3. Lift with the strength of your legs.
4. Never twist or turn while lifting.
5. Once you've picked up the object, hold it close to you.

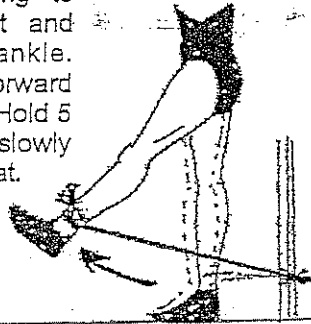


©1999 Breakthrough Coaching, LLC UNAUTHORIZED DUPLICATION IS ILLEGAL FORM 30X

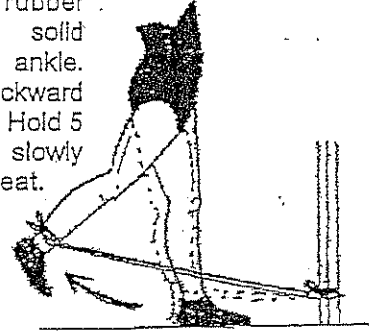
HIP*Elastic Tubing Resistive Kinetic Activities*

Name _____ Date _____

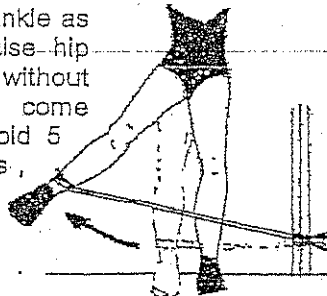
Flexion: Anchor rubber tubing to solid object and around ankle. Pull leg forward as shown. Hold 5 seconds, slowly relax. Repeat.



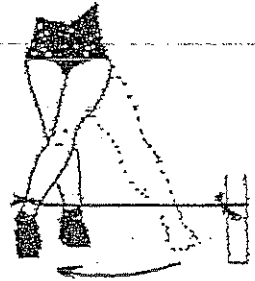
Extension: Anchor rubber tubing to solid object and ankle. Lift leg backward as shown. Hold 5 seconds, slowly relax. Repeat.



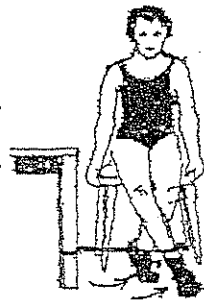
Abduction: Anchor rubber tubing to solid object and ankle as shown. Raise hip out to side, without letting it come forward. Hold 5 seconds, slowly relax. Repeat.



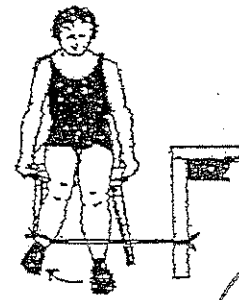
Adduction: Anchor rubber tubing to solid object and ankle as shown. Stand with toe pointed out to side. Now cross the leg in front of your other leg. Hold 5 seconds, slowly relax. Repeat.



External Rotation: Anchor rubber tubing to solid object and ankle. Sit in chair as shown. Rotate ankle inward and slightly upward. Hold 5 seconds, slowly relax. Repeat.



Internal Rotation: Anchor rubber tubing to solid object and ankle. Sit in chair as shown. Rotate ankle outward, keeping knees together. Hold 5 seconds, slowly relax. Repeat.

**EXERCISE GUIDELINES:**

Periodically check the tubing for stress and the knot for slipping. Stop immediately if you experience pain, nausea or dizziness.

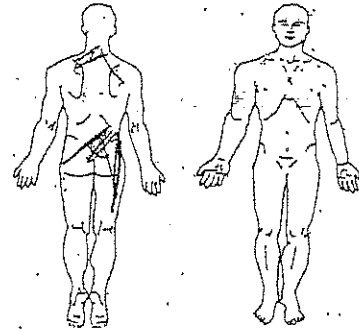
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POLLACK HEAD and WELLNESS, Inc.
 137 Atlantic City Blvd./Rt. 166
 Beachwood, NJ 08722-2935
 732-244-0222

Date 10/21/09

Please circle area of pain:



Name Ralph Van Deventer

Please rate your level of pain on a scale of 1 to 10 (1 = low, 10 = high):

| | | | |
|-------------|-----------|--------------|-----------|
| Neck | <u>10</u> | Headache | |
| Middle back | | Low back | <u>10</u> |
| L arm/wrist | | R arm/wrist | |
| R shoulder | <u>10</u> | R shoulder | |
| L leg/hip | <u>10</u> | R knee/ankle | |
| L Other | | R Other | |

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TREATMENT

Manipulation

C1 C2 C3 C4 C5 C6 C7

T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12

L1 L2 L3 L4 L5

Sacroiliac Joints _____
 Sacrum _____
 Pelvis _____

☒ Exam
☐ Re-exam
☐ Follow up
☐ Final Exam
☒ CMT-Diversified 10/21/09
☒ CMT-Activator 10/21/09
☐ Manual Low Force
☐ Manual Traction
☐ Therapies as ordered (See therapy/treatment notes)

FINDINGS

Cervical (Tenderness/Spasm)

Thoracic (Tenderness/Spasm)

Lumbar (Tenderness/Spasm)

L 7 R 7 Shoulder

Other STW

GOALS (Pain Relief)

(Increase ROM) (Increase Strength)

(Decrease Edema)

ASSESSMENT

Diagnosis Unchanged Improvements _____ Aggravation C T L S _____ New Diagnosis 2

Progress X As expected _____ Slower than expected X Complicated by _____

Prognosis: X Excellent - continued improvement expected, permanent residuals not expected

X Good - continued improvement anticipated, permanent residuals possible

X Favorable - continued improvement possible, permanent residuals probable

X Poor - continued improvement doubtful, permanent residuals expected

PLAN

X Continue with treatment as outlined. Treatment is medically necessary.

X Acute phase: Stabilize condition, control inflammation, reduce spasm and pain. (TX-daily for _____ days.)

Sub-acute phase: Support soft tissue repair, mobilize spinal joints to improve ROM (TX - 3X/week for 4 weeks.)

Rehabilitation phase: Continued passive care with addition of active care to increase ROM, endurance, and strength for return to normal daily activities. (TX-1-2X/week for _____ weeks until MMI.)

Exacerbation: Aggravation of condition, stabilize condition to prior state. _____ Pt. not at MMI _____ Pt. at MMI

I attest that the above information is accurate to the best of my knowledge and that the above services were rendered on my behalf. I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing that I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.

Physician's signature

Area below for office use only

NOTES

Patient signature

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 Admin Rec. 00250

CHIROPRACTIC NOTES Patient: Ralph Vandeventer Number: _____ Page: _____◆ Date of Service: 10.21.09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☒ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: EXAM: Adjusted Cervical C1-C6, T1-T2, L5/S1. 10
Review notes - Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

◆ Date of Service: 10.27.09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: 10/27/09 Cervical/Thoracic/Lumbar Muscles
10/27/09 Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

◆ Date of Service: 10.28.09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: 10/28/09 Cervical/Thoracic/Lumbar Muscles
10/28/09 Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

◆ Date of Service: 10.29.09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: 10/29/09 Cervical/Thoracic/Lumbar Muscles
10/29/09 Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

◆ Date of Service: 10-30-09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: 10/30/09 Cervical/Thoracic/Lumbar Muscles
10/30/09 Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

◆ Date of Service: 11.2.09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☒ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☒ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Inclination 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged

Note: 11/2/09 Cervical/Thoracic/Lumbar Muscles
11/2/09 Cervical/Thoracic/Lumbar Muscles
 Signed: [Signature]

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Admin Rec. 00252

CHIROPRACTIC NOTES Patient: Ralph van deventer Number: _____ Page: _____◆ Date of Service: 11-16-09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 6 ADL scale 1-10 5

Note: Low back pain - bilateral sciatic pain to L4/S1 level on right
Exercises
Number decreased, Elect-Stim. Old pain - 4-5/10 Signed [Signature]

◆ Date of Service: 11-17-09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 5-6 ADL scale 1-10 8

Note: Low back pain - bilateral sciatic pain to L4/S1 level on right
Exercises
Number decreased, Elect-Stim. Old pain - 4-5/10 Signed [Signature]

◆ Date of Service: 11-24-09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 5 ADL scale 1-10 8

Note: Low back pain - bilateral sciatic pain to L4/S1 level on right
Exercises
Number decreased, Elect-Stim. Old pain - 4-5/10 Signed [Signature]

◆ Date of Service: 12-1-09

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 4-5 ADL scale 1-10 8-9

Note: Low back pain - bilateral sciatic pain to L4/S1 level on right
Exercises
Number decreased, Elect-Stim. Old pain - 4-5/10 Signed [Signature]

◆ Date of Service: _____

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 _____ ADL scale 1-10 _____

Note: _____ Signed _____

◆ Date of Service: _____

Subjective: Patient states there is: ☐ Pain ☐ Spasm ☐ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☐ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☐ Chiropractic Adjustment ☐ Continue Treatment Plan ☐ Alter Treatment Plan
 Assessment: ☐ Re-evaluation 99213 ☐ Manual Musc. Test 95833 ☐ Incl. Inometry 95851 (See attached reports)
 Therapy Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Guarded ☐ Discharged Pain scale 1-10 _____ ADL scale 1-10 _____

Note: _____ Signed _____

4 - 25

PHYSICAL THERAPY NOTES

Patient Ralph Vandeventer Number: _____ Page: _____◆ Date of Service: 10/27/09 6/10

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☐ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546
 (See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750
 Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ Discharged

Note: Mechanical tx x 45' re-eval light therapy as per
protocol manual therapeutic exercise
AS TO 1 to well P. Cont. on Signed J. Delaney PT
OK

◆ Date of Service: 10/28/09 6/10

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546
 (See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750
 Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ Discharged

Note: Mechanical tx x 45' re-eval light therapy as per
protocol manual therapeutic exercise
AS TO 1 to well P. Cont. on Signed J. Delaney PT
OK

◆ Date of Service: 10/29/09 5/10

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546
 (See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750
 Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ Discharged

Note: ICE - ESTIMIS Mechanical tx x 45' light therapy as per
protocol manual therapeutic exercise
AS TO 1 to well P. Cont. on Signed J. Delaney PT
OK

◆ Date of Service: 10/30/09 5/10

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546
 (See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750
 Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ Discharged

Note: ICE - ESTIMIS Mechanical tx x 45' light therapy as per
protocol manual therapeutic exercise
AS TO 1 to well P. Cont. on Signed J. Delaney PT
OK

◆ Date of Service: 11-2-09 5/10

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546
 (See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750
 Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ Discharged

Note: Mechanical tx x 45' re-eval light therapy as per
protocol manual therapeutic exercise
AS TO 1 to well P. Cont. on Signed J. Delaney PT
OK

4-25

PHYSICAL THERAPY NOTES

Patient Ralph Vanderventer Number: _____

Page: _____

◆ Date of Service: 11-3-07 4110

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ DischargedNote: Mechanical tx x 45' ice-exist light therapy as per protocolManual technique therapeutic exerciseADL tx willCont. evalSigned J Delaney PT◆ Date of Service: 11-5-07 4110 tapping applied

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ DischargedNote: Mechanical tx x 45' ice-exist light therapy as per protocolManual technique therapeutic exerciseADL tx willCont. evalSigned J Delaney PT◆ Date of Service: 11-9-07 4110 tapping applied

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ DischargedNote: Mechanical tx x 45' ice-exist light therapy as per protocolManual technique therapeutic exerciseADL tx willCont. evalSigned J Delaney PT◆ Date of Service: 11-10-07 4110

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ DischargedNote: Mechanical tx x 45' ice-exist light therapy as per protocolManual technique therapeutic exerciseADL tx willCont. evalSigned J Delaney PT◆ Date of Service: 11-12-07 4110 tapping applied

Subjective: Patient states there is: ☒ Pain ☐ Spasm ☒ ROM Restricted ☐ Weakness ☐ ADL Difficulties ☐ Radicular Symptoms
 Objective: Patient demonstrates: ☒ Pain ☐ Swelling ☐ Spasm ☒ ROM Restricted ☐ Decreased Strength ☐ Postural Deviation
 Plan/Treatment: ☒ Hot/Cold 97010 ☐ Ultrasound 97035 ☒ Musc. Stim. 97014 ☐ Mechan. Traction 97012 ☐ Man. Therapy 97140
 Rehab: ☒ Therapeutic Exercises 97110 ☐ Therapeutic Activities 97530 ☐ NMR 97112 ☐ Gait Training 97116 ☐ Aqua. Ther. 97113
☐ ADL 97535 ☐ Work Hardening (init 2 hrs.) 97545 ☐ Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: ☐ PT Evaluation 97001 ☐ PT Re-Evaluation 97002 ☐ Manual Musc. Test 95831 ☐ Incliniometry 95851 ☐ FCE 97750Therapy Tolerated: ☒ Good ☐ Fair ☐ Poor ☐ Guarded ☐ Medical Re-evaluation ☐ DischargedNote: Mechanical tx x 45' ice-exist light therapy as per protocolManual technique therapeutic exerciseADL tx willCont. evalSigned J Delaney PT

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4 - 25

PHYSICAL THERAPY NOTES

Patient

Ralph Vanderen

Number

Page

Date of Service: 11-13-09 410

Subjective: Patient states there is:

Objective: Patient demonstrates:

Plan/Treatment: Hot/Cold 97010 Ultrasound 97035 Musc. Stim. 97014 Mechan. Traction 97012 Man. Therapy 97140

Rehab: Therapeutic Exercises 97110 Therapeutic Activities 97530 NMR 97112 Gait Training 97116 Aqua. Ther. 97113

ADL 97535 Work Hardening (init 2 hrs.) 97545 Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: PT Evaluation 97001 PT Re-Evaluation 97002 Manual Musc. Test 95831 Incl. Inometry 95851 FCE 97750

Therapy Tolerated: Good Fair Poor Guarded Medical Re-evaluation Discharged

Note: Mechanical tx x 45 ice - 10 min light therapy as per

ADL to well P. cont. open

Signed J. Delonoy PT

Date of Service: 11-16-09 510 Taping applied

Subjective: Patient states there is:

Objective: Patient demonstrates:

Plan/Treatment: Hot/Cold 97010 Ultrasound 97035 Musc. Stim. 97014 Mechan. Traction 97012 Man. Therapy 97140

Rehab: Therapeutic Exercises 97110 Therapeutic Activities 97530 NMR 97112 Gait Training 97116 Aqua. Ther. 97113

ADL 97535 Work Hardening (init 2 hrs.) 97545 Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: PT Evaluation 97001 PT Re-Evaluation 97002 Manual Musc. Test 95831 Incl. Inometry 95851 FCE 97750

Therapy Tolerated: Good Fair Poor Guarded Medical Re-evaluation Discharged

Note: Mechanical tx x 45 ice - 10 min light therapy as per

ADL to well P. cont. open

Signed J. Delonoy PT

Date of Service: 11-17-09 410 Taping applied

Subjective: Patient states there is:

Objective: Patient demonstrates:

Plan/Treatment: Hot/Cold 97010 Ultrasound 97035 Musc. Stim. 97014 Mechan. Traction 97012 Man. Therapy 97140

Rehab: Therapeutic Exercises 97110 Therapeutic Activities 97530 NMR 97112 Gait Training 97116 Aqua. Ther. 97113

ADL 97535 Work Hardening (init 2 hrs.) 97545 Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: PT Evaluation 97001 PT Re-Evaluation 97002 Manual Musc. Test 95831 Incl. Inometry 95851 FCE 97750

Therapy Tolerated: Good Fair Poor Guarded Medical Re-evaluation Discharged

Note: Mechanical tx x 45 ice - 10 min light therapy as per

ADL to well P. cont. open

Signed J. Delonoy PT

Date of Service: 11-24-09 410 Taping applied

Subjective: Patient states there is:

Objective: Patient demonstrates:

Plan/Treatment: Hot/Cold 97010 Ultrasound 97035 Musc. Stim. 97014 Mechan. Traction 97012 Man. Therapy 97140

Rehab: Therapeutic Exercises 97110 Therapeutic Activities 97530 NMR 97112 Gait Training 97116 Aqua. Ther. 97113

ADL 97535 Work Hardening (init 2 hrs.) 97545 Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: PT Evaluation 97001 PT Re-Evaluation 97002 Manual Musc. Test 95831 Incl. Inometry 95851 FCE 97750

Therapy Tolerated: Good Fair Poor Guarded Medical Re-evaluation Discharged

Note: Mechanical tx x 45 ice - 10 min light therapy as per

ADL to well P. cont. open

Signed J. Delonoy PT

Date of Service: 12-1-09 Taping applied

Subjective: Patient states there is:

Objective: Patient demonstrates:

Plan/Treatment: Hot/Cold 97010 Ultrasound 97035 Musc. Stim. 97014 Mechan. Traction 97012 Man. Therapy 97140

Rehab: Therapeutic Exercises 97110 Therapeutic Activities 97530 NMR 97112 Gait Training 97116 Aqua. Ther. 97113

ADL 97535 Work Hardening (init 2 hrs.) 97545 Work Hardening (add hr.) 97546

(See Rehab Flow Sheets)

Assessment: PT Evaluation 97001 PT Re-Evaluation 97002 Manual Musc. Test 95831 Incl. Inometry 95851 FCE 97750

Therapy Tolerated: Good Fair Poor Guarded Medical Re-evaluation Discharged

Note: Mechanical tx x 45 ice - 10 min light therapy as per

ADL to well P. cont. open

Signed J. Delonoy PT

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